

A Discursive Thematic Analysis of Audience Response Towards the Portrayal of Mental Distress in United Kingdom Soap Operas

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ABSTRACT

The potential for stigmatising public attitudes to have a negative impact on the wellbeing of individuals identified as experiencing mental distress has been widely documented. The contribution of the mass media towards public attitudes surrounding mental distress has attracted particular interest, particularly that of television portrayals. Research into the influence of the media towards public attitudes has focused on a 'strong media' model that assumes a direct influence of the content on viewer attitudes. Recent theory has suggested an 'audience response' model whereby audience attitudes towards the subject matter, genre and purpose of viewing can influence their understanding of the content; however this approach is under-represented in research. In the United Kingdom the soap opera genre in particular is positioned to have a potential role in influencing public attitudes towards mental distress, frequently depicting mental distress within a realist frame and being presented as having a public service function.

This thesis aims to explore the ideas that viewers take from soap opera portrayals of mental distress within an audience response approach. Soap opera viewers were interviewed about the ideas of mental distress they developed from storylines they had watched, and these interviews were analysed using a discursive thematic analysis, taking into account their beliefs about mental distress, the soap opera genre and their viewing purposes. These constructions drew attention to the presentation of mental distress as socially undesirable and incomprehensible, the validation of mental distress storylines as socially responsible by programme makers and viewers, and the purpose of these storylines as cautionary tales against dissent from professional opinion.

This research supports calls for greater diversity in television representations of mental distress; in particular a stronger representation of positive or heroic qualities in characters portrayed with mental distress, and a greater role for psycho-social explanations of their distress. This research also questions whether positive representations of mental distress are best served through explicit 'anti-stigma' campaigns.

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INTRODUCTION

1.1 Preface

Negative public attitudes towards mental distress¹ have been associated with processes of stigma that impact the wellbeing of people identified as experiencing this. The mass media has been identified as portraying reflections of many of these negative attitudes and producing them through changing the attitudes of audiences. A particular media that has been focused upon in research since its widespread entry into the consumption habits of western society has been television. There has been a great deal of research into the content of television portrayals of mental distress within the assumption of a ‘strong media model’ that assumes audience attitudes are directly influenced by media portrayal. An emerging ‘audience response’ model suggests that viewer beliefs and practices will influence the way media portrayals are received; there has been little research that accounts for audience perspectives in the reception of mental distress portrayal in television programming. One particular television genre, the soap opera stands out amongst other genres for its frequent depiction of mental distress, its portrayal of this within a realist tradition and explicit anti-stigma purpose of these depictions.

In this chapter I will outline the findings of research into public attitudes towards mental distress and the effects of these on people identified as experiencing this. I will then

¹ Throughout this research project I have used the term ‘mental distress’ as a term to convey culturally accessible notions of distressing experiences that have some consistency between contexts (i.e. are not solely dependent on the individuals immediate situation). When referring to previous literature I have used the original terminology of the authors (e.g. ‘mental health’, ‘mental illness’).

present research concerning the portrayal of mental distress and its effects on audience attitudes, including the relationship between media portrayals, public attitudes, social discourse and psychiatric agenda. I will then discuss the soap opera genre and its portrayal of mental distress. Following this I will discuss audience response theory, and outline the research of television and soap opera portrayals of mental distress within this as well as highlighting the need for further research within this area. The literature used in this research project was acquired through a search strategy outlined in Appendix A.

1.2 The Effects of Stigma on People Experiencing Mental Distress

1.2.1 Public Attitudes towards Mental Health

The study and monitoring of public attitudes toward mental distress has become more prevalent following the emergence of research demonstrating that these attitudes can have negative effects on the wellbeing of people identified as experiencing this . The Department of Health publishes a yearly report on attitudes of the British public towards ‘mental illness’, using self-report survey data to monitor public attitudes towards the identification, description and understanding of people experiencing ‘mental health difficulty’.

The 2011 report suggested that the dominant attitude was that ‘mental illness’ was a ‘disease like any other’, with 77% of participants agreeing with this statement. This understanding of mental health difficulty as ‘illness’ was reflected in the agreement as to what constituted a mental health difficulty: labels suggesting biological ‘illness’ were most associated with mental health difficulty, including schizophrenia – 71%, bipolar disorder – 62%, and depression – 45%; labels suggesting environmental causes were less associated with mental health difficulty, for example stress – 35%, grief – 29% and drug addiction – 20%.

Attitudes of fear and exclusion towards people with mental health difficulties were described as ‘generally low’ by the report’s summary, however these still represented a significant proportion of society that held excluding or fearful attitudes towards mental health difficulty. Amongst the more inclusive statements that were agreed with 70% said they would feel comfortable talking to a friend or family member about their mental health, in terms of recovery 79% of respondents agreed that ‘The best therapy for many people with mental illness is to be part of a normal community’, and only 17% said that locating mental health facilities in a residential area downgrades the neighbourhood.

Findings that suggest a more mixed attitude towards inclusivity included only 66% of respondents agreeing that ‘Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services’ and 41% disagreeing with the statement that ‘People with mental illness are far less of a danger than most people suppose’; and 57% of respondents considering that ‘having a split personality’ could be a characteristic of mental health difficulty.

Other surveys have raised more specific areas of concern; in a study of 14 year olds Rose et al. (2007) found that of the 255 words that participants used to describe mental health difficulties most were negative (mainly popular derogatory terms) and only 4% were compassionate. Angermeyer (2002) found a difference in attitudes depending on the label people were given; negative attitudes of dangerousness and unpredictability were particularly associated with the label of ‘schizophrenia’, whereas the ‘depression’ label was considered relatively sympathetically.

1.2.2 The Effects of Stigmatising Attitudes towards Mental Health Difficulties

While these reported attitudes towards mental health difficulties contain some positive elements, they are not necessarily reflected in practice; public attitudes towards mental

health difficulties have a negative impact on people labelled with these in a number of ways (Angermeyer and Dietrich, 2006). Historically negative attitudes towards mental health difficulties and unusual behaviour have led to lifetime incarceration, eugenic programs of sterilisation and state authorised killing of people deemed to have ‘mental illness’ (Jones, 1986). Angermeyer and Dietrich (*Ibid*) identified three ways in which stigma could have an effect: the direct treatment of people labelled with mental health difficulties by others, their treatment by institutions, and their internalisation of negative attitudes.

1.2.2.1 Direct effects

In today’s society prejudicial attitudes often lead to social avoidance, where people are less likely to want to be associated with people who are labelled as mentally ill (Corrigan and Watson, 2002). In a 1996 general social survey in the United States, it was found that over half the respondents would be unwilling to socialise with, work next to or have a family member marry a person with a diagnosis of mental illness (Martin et al, 2000). Discriminatory attitudes have also made it more difficult for people with mental health diagnosis to be employed (Wahl, 1999), and rent housing (Page, 1983). A 2000 report by the Mental Health Foundation found that 70% of respondents who had personal or familial experience of mental health difficulty had experienced discrimination, including a high reported frequency of discrimination from healthcare professionals. A correlation has also been found between stigma and people experiencing mental health difficulties not discussing these with friends and family and not seeking help from services, leading to increased distress and the perpetuation of notions of unacceptability (Corrigan, 2004).

1.2.2.2 The effects of internalising negative social attitudes

Negative public attitudes and the experience of being less valued can also be internalised by mental health service users, leading to low self-esteem and belief in their abilities and hopes for the future (Holmes and River, 1998). Crocker and Major (1994) found that people who have been labelled as having a ‘mental illness’ can often agree with the prejudice that they experience from others as being legitimate through their internalisation of negative stereotypes.

1.2.2.3 The effects of government and institutional policy

Another route that stigmatising public attitudes towards ‘mental illness’ can have a widespread effect on those labelled as ‘mentally ill’ is through influencing changes in government policy regarding how those labelled with ‘mental illness’ are thought of and treated. Since the 1990’s there has been an increasing shift in mental healthcare policy away from maximising the individual liberty and wellbeing of service users, and towards focusing on their risk to others and its reduction, heralded by the introduction of supervision registers and supervised discharge, community treatment orders, and legislation allowing people to be detained due to potential rather than demonstrated risk (i.e. the consultation paper, “Managing Dangerous People with Severe Personality Disorder”; HO & DoH, 1999). Holloway (1996) argues that this was heavily influenced by the ‘moral panic’ following the murder of Jonathon Zito by Christopher Clunis, and the heavy coverage given by the media that focused on this murder more than others due to its perpetrator being a mental health service user and his label of mental illness being focused on as the reason for this crime. Laurence (2003) describes the Clunis case as the focus of a shift of public concern towards community treatment from focussing on service user wellbeing to public protection.

1.3 The Role of the Mass Media in Forming Public Attitudes

The mass media has been identified as a major source of public information on mental health and a strong influence on public attitudes. There is a large amount of evidence that suggests that the media is the public's primary source of information about mental distress (Borinstein, 1992; Kalafatelis & Dowden, 1997; Philo, 1994). Studies of the portrayal of mental health difficulties in the mass media have focused on the printed news medium and television medium, both news/factual and dramatic programming.

1.3.1 The portrayal of mental health difficulties in television programming

The printed news medium pre dates television as a mass medium, and in the United Kingdom newspapers have a high circulation and have a function to provide information in the public interest. However, while the printed news medium remains an important source of public information, television has become the most consumed form of media in the United Kingdom (Diggs-Brown, 2011), and Fiske (1987) has argued that television is the most influential medium for framing public consciousness. Studies into the portrayal of mental health difficulties by television programs dominate research over other media (Wahl, 1992).

'Mental illness' is frequently depicted by television programmes, it is rare for a week to go by without it being referred to (Cutcliffe and Hannigan, 2001); some studies have reported that items related to mental illness were a daily occurrence within a single television channel (Taylor, 1957). Mental health is depicted more often than any physical condition (Dylan, Byrd & Byrd, 1980). Signorelli (1989) found that in 17 week long samples taken annually from prime-time television network broadcasts, 3% of all major characters were portrayed as having a 'mental illness'; the same study also suggested that the portrayal of 'mental illness' was increasing, reporting that 20.5% of

the programs involved 'mental illness', in comparison to 17% found in a similar study by Gerbner in 1985.

There have been many studies analysing the way 'mental illness' is portrayed and constructed by the television medium. These studies have consistently shown that 'mental illness' is portrayed inaccurately and negatively across most forms of televised news and entertainment media (Wahl, 1992). Many studies have focused on the way people experiencing mental health difficulties are portrayed as behaving by the media. In a content analysis of prime-time television programs, Wahl and Roth (1982) found that the most common adjectives applied to characters labelled with 'mental illness' were negative, including "confused", "aggressive", "dangerous" and "unpredictable". Positive adjectives were much less common, and included "loyal", "friendly" and "honest". In Rose's (1998) study of British television the most frequent semantic themes attached to 'madness' were danger and violence, both in drama, and in news stories where 65% of all people reported to have a 'mental illness' were portrayed as having committed an act of violence against others. Rose's study is particularly interesting as it examines not only the script of the programmes, but the use of camera work; examples include focusing on a characters face as he is talking 'psychotically' to increase the importance placed on this, and going to the expense of using an aerial camera shot to maximise the portrayal of chaos after an attack by the individual. A correlation between mental health difficulties and violent crime in television broadcasting was also found by Signorielli (1989) who found that 72.1% of characters portrayed as mentally ill in prime time television drama injured or killed others; during the periods of data collection television characters with mental illness were 10 times more likely to be involved in violence than characters without. A large number of studies have replicated this finding that people with mental health problems are portrayed as violent and dangerous in both news and drama programmes (see Wahl,

1992 for a review). Rose (1998) argues that this dangerousness is inflated by the portrayal of 'mental illness' as resisting clear meaning, and being incomprehensible, unpredictable and unstable. This representation is in clear contradiction with statistics on mental health and violence, which suggest that without concurrent substance abuse people labelled as having mental illness are no more likely to commit acts of violence than the general population (Steadman et al., 1998).

Not only is the behaviour of people labelled as having mental illness portrayed negatively, but the representation of people with this label is also a source of stigma. Wahl and Roth (1982) found that people labelled with mental illness in television programming were typically without identified employment (49%), and single (43%) or with no identified marital status (31%). People with mental health problems are frequently depicted as helpless, unable to control their lives and being subservient to others (Wilson, Nairn, Coverdale & Panapa, 1999b). In the analysis of the filming techniques in Rose's study a *Coronation Street* character was shown alone in camera shot much more often during a breakdown than before it, and close up and alone shots were more common for characters with mental health problems than those not portrayed as such; this suggests that these characters are socially isolated and dislocated from their community. Characters typically have no identity outside of their 'illness', the behaviour associated with 'mental illness' is the only way that person is defined and forms their purpose in the storyline, suggesting that a person labelled with 'mental illness' is more their 'disorder' than they are human (Day & Page, 1986).

A content analysis of drama broadcast on British television identified another theme in the representation of mental health difficulties, of tragedy, sympathy and advice (Philo, Hendersen & McCracken, 2010). These storylines still feature the 'mentally ill' as dangerous to themselves or others, but this is presented in a way designed to elicit

sympathy from the audience. These characters are often portrayed in the classic storytelling position of ‘tragedy’; starting off as positive and likeable characters, and then facing loss of liberty, social standing and power through events outside of their control.

1.3.2 The Direct Effects of Dramatized Television Portrayals of Mental Health

Difficulties on Viewer Attitudes

Although televised news and factual programmes have a high viewership, mental health difficulties are as frequently portrayed in non-factual content as they are in news content; Rose (1998) found that 3.6% of news coverage was mental health related compared to 4% of prime-time terrestrial television content, replicating the earlier findings of Signorelli (1989). There is also evidence that dramatic portrayals of mental health difficulties can be more influential on public attitudes than factual programming. In Domino’s 1983 study participants attitudes were more influenced by the viewing of the film ‘One Flew Over the Cuckoo’s Nest’ than they were by a 90 minute factual documentary examining life inside a real life psychiatric hospital, finding that viewer attitudes became more negative following the screening. Wahl and Lefkowitz (1989) found that attitudes on a standardised attitude scale became more negative for an experimental group shown a movie titled ‘Murder by Reason of Insanity’ compared to a control group shown a movie unrelated to mental health who showed no difference to wider community attitudes. This attitude change occurred even when a disclaimer was placed before the movie declaring that violence was not a major characteristic of mental illness, suggesting that media content is influential even when explicitly fictional.

1.3.3 The Relationship between Dramatic Media, the News Medium and Public Attitudes

Not only can the portrayal of mental health difficulties in dramatic media affect the attitudes of the viewer, they also have an effect within their relationship with news and factual media and public attitudes. An example of this complex interplay of discursive constructions between the public and the interests of different media can be seen in the reporting of the murder of Jonathon Zito at Finsbury Park Station by Christopher Clunis, a psychiatric service user who was unknown to him. The news media became saturated with coverage of this case, the coverage of the story legitimised by discursive constructions of ‘newsworthy’ stories being in the interest of the public and their safety, against the context of recent government legislation aiming to make psychiatric services more community based (Holloway, 1996). However Anderson (2003) argues that the discursive constructions of unpredictability, violence and danger inherent in ‘mental illness’ that attracted public attention and placed the story within the ‘newsworthy’ sphere of ‘public interest’ were created as much from the circular discourse between the public and entertainment media, using films such as ‘Psycho’ (1960) and ‘Taxi Driver’ (1976) as examples. Anderson describes that the saliency of these discourses after the Clunis case and its use as a criticism of government policy led to a ‘moral panic’ that it has been argued led to more risk averse and punitive policy by the government in reaction to this, further legitimising these discursive constructions of danger and unpredictability. The discourse created between the press, public, policy makers and entertainment media became dominant even over statistical evidence suggesting low relative risk, for example the “National Confidential Inquiry into Suicide and Homicides in England and Wales” (Department of Health, 1999a) that found only 8% of homicides were perpetrated by people with a serious mental health difficulty. McKeown and Clancy (1995) propose that the relationship between public attitudes and

media portrayals is a circular one; media content is produced from and is designed to be accessible and attractive to an audience, but also influences public attitudes by reinforcing negative beliefs, increasing the legitimacy of negative attitudes in society.

This understanding of the influence of different texts on each other and of the availability of resources by which audiences may make sense of these when representing various subjects has a basis in the concept of intertextuality. Intertextuality is a notion within the field of semiotics introduced by Julia Kristeva (1980) which proposes that texts are read in relation to others, the meaning in every text² being referential to texts preceding them. In the previous example the fictional films, journalistic articles and policy documents could be described as providing the intertextual meanings in which government legislation is written and understood.

1.3.4 Ideology and Agenda in the Portrayal of Mental Distress in the Media

As well as reflecting public attitudes, social discourses and the programme agenda, television portrayals of mental health difficulty have also been argued to be influenced by psychiatric ideology and agenda. Harper (2010) argues that modern television portrayals of mental distress often have a pedagogical purpose, existing to raise awareness of mental health difficulty, counter public stigma and offer advice for people affected by this through the provision of helplines and actor involvement in mental health campaigns for example. Harper goes on to argue that these ‘non-stigmatising’ portrayals frequently reflect a psychiatric understanding of mental health difficulty as ‘an illness like any other’ through references to heritability, neurological abnormality and illness. While portraying mental distress as psychiatric in origin is presented as de-stigmatising, research linking mental distress to brain disorders has been criticised as confounded by previous psychiatric treatment (Andreasen et al., 1982), neglectful of the

² I have used the term ‘text’ throughout this project in the multi-media sense used throughout the field of semiotics.

overlap between clinical and control groups (Lader et al., 1984) and reliant on assumptions from correlations without further evidence of causality (Boyle, 2002; see also Read, 2004). The ‘disease like any other’ portrayal has also been found to do little to reduced stigma (Pescosolido et al, 2010). Alternatively some authors have proposed that the psychiatric understanding of mental distress represents the financial agenda of pharmaceutical companies and medical practitioners (Healy, 1997), and an agenda of social control (Szasz, 1960).

The television medium is a powerful source of information about mental health difficulties for the public, and its frequent and negative portrayal of these is an influence in stigmatising public attitudes. Dramatic and fictional television programming is as much, if not more of an influence as factual programming. In the United Kingdom one form of dramatic television medium stands out beyond others as having the potential to influence public attitudes around mental health difficulties: the soap opera.

1.4 Soap Operas as a Form of Dramatic Media

As a form of television programming soap operas frequently portray mental health difficulties in their characters and storylines; mental health difficulties have been described in one study as the “number one health-related problem in the soap opera world” (Cassata, Skill & Boadu, 1979). Soap operas have their stylistic origins in the Realist Movement that originated in France during the 1850’s that grew in opposition to the exaggerated emotionalism of the Romantic Movement. The Realist movement sought to portray scenes ‘as they were’, within an epistemology that there is a reality that is ontologically distinct from politic, language and interpretation; this positioned the artist as someone who could discover and express this reality. Soap operas in the United Kingdom follow the social realism tradition; social realism sought to portray issues and situations relevant to the majority ‘working’ classes, with a focus on the

difficulties faced by them and a sympathetic or heroic portrayal of their struggle against these (see Jordan, in Dyer, Geraghty & Jordan, 1981, p. 28). In Britain the realist tradition of soap operas has led them to take on an educational as well as entertainment responsibility; issues considered relevant to the viewership, including mental health, are often portrayed as and pertain to be realistic, with writers often liaising with mental health associations when researching storylines.

1.4.1 Viewing Figures and Demographics

Another factor in the importance of soap operas as an influence on public attitudes is their high viewership. As a snapshot, Table 1 shows the highest viewing figures reported during the week ending September 4th 2011 as reported by the Broadcasters Audience Research Board (BARB). For interest I have converted this into a percentage of the total UK population (reported on September 28th 2011 as 61,838,154 by the World Bank, World Development Indicators). These figures are similar to the percentage viewership of respondents to the Broadcasting Standards Commission survey.

Table 1: *Highest viewing figures reported during the week ending September 4th 2011*

	Viewers (millions)	Percentage of UK population
<i>Eastenders</i>	9.28	15
<i>Coronation Street</i>	8.73	14.12
<i>Emmerdale</i>	6.81	11.01

Table 2 is adapted from a Broadcasting Standards Commission survey carried out in 2002. Percentages are of total respondents. In this it can be seen that *Eastenders* and *Coronation Street* share a similar viewership, followed closely by *Emmerdale*, with *Hollyoaks* having a significantly smaller viewership. Viewing trends are similar between men and women, although the higher female percentages suggest that women are more likely to watch multiple programmes. People over 50 are most likely to watch *Coronation Street*; 30-49 year olds are most likely to watch *Eastenders* as are 15-29 year olds, to a more marked degree. *Hollyoaks* is significantly more likely to be watched by 15-29 year olds.

Table 2: *Soap opera viewing figures by age and gender, 2002.*

	Total	Male	Female	15-29	30-49	50+
	%	%	%	%	%	%
<i>Eastenders</i>	68	65	72	86	77	50
<i>Coronation Street</i>	67	61	72	67	72	61
<i>Emmerdale</i>	52	47	57	55	53	49
<i>Hollyoaks</i>	24	22	26	53	25	7

Table 3: *UK soap audience in 1988 (%). Adapted from Hart (1991)*

		Coronation		
		<i>Eastenders</i>	<i>Street</i>	<i>Emmerdale</i>
<i>Age</i>	4-15	16	11	10
	16-24	14	10	8
	25-34	18	14	12
	35-44	15	12	10
	45-54	12	13	12
	55-64	13	14	16
	65+	14	26	32
<i>Sex</i>	Male	40	40	41
	Female	60	60	59
<i>Social Grade</i>	AB	12	9	9
	C1	22	18	18
	C2	32	27	34
	DE	34	46	36
<i>Average audience (millions)</i>		13.4	16.2	11.2

Demographic data for soap opera viewers is not made routinely available, the viewing figures in table 3 are taken from a 1988 survey; whilst these figures are not recent they should still provide a general overview of soap opera viewer demographics. This information shows trends towards adults over the age of 65 being more likely to watch *Emmerdale* and *Coronation Street*, with a similar viewership between other ages; *Eastenders* however has a similar viewership within all age categories, peaking slightly in the 25-34 age range. Viewer gender is similar across soaps, and shows a 20% higher female viewership.

1.4.2 Overview of British Soap Operas and Storylines Related To Mental Health

Difficulties

The realist tradition of soap operas, their frequent portrayal of mental health difficulties, audience notions of realism and information and high viewing figures, especially amongst populations more commonly affected by mental health difficulties make soap operas a potentially important and interesting influence on social attitudes towards mental health. In this section I shall present the four most viewed British soap operas and give an overview of their production values, broadcast schedules and examples of storylines involving mental health difficulties. Where not otherwise referenced information about the soap operas was summarised from their on-line homepages:

Eastenders from the BBC homepage (<http://www.bbc.co.uk/blogs/eastenders/>);

Coronation Street and *Emmerdale* from their ITV homepages

(<http://www.itv.com/coronationstreet/> and <http://www.itv.com/emmerdale/>); and

Hollyoaks from the Channel 4 website (<http://www.e4.com/hollyoaks/index.html>). The entries for each programme on the publically edited on-line encyclopaedia *Wikipedia* were also used (<http://www.wikipedia.org/>).

1.4.2.1 Eastenders

Eastenders was first broadcast on BBC One on February 19th 1985. It is set in London's East End, in the fictional borough of Walford. The storylines and style of *Eastenders* are firmly within the social realist tradition, creator Julie Smith saying "We decided to go for a realistic, fairly outspoken type of drama which could encompass stories about homosexuality, rape, unemployment, racial prejudice, etc., in a believable context. Above all, we wanted realism" (in Geraghty, 1991, p.16). *Eastenders* is currently broadcast in 30 minute episodes at 19:30 on Tuesday and Thursday, and 20:00 on Monday and Friday, with an omnibus edition on Sundays. *Eastenders* has a long tradition of portraying the issues faced by people with mental health difficulties, often

written with input from organisations representing people with mental health difficulties, and receiving acclaim for their treatment. In 1996 the character Joe Wicks (played by actor Paul Nicholls) was portrayed as developing ‘schizophrenia’ through the trauma of being in a car crash in which his sister was horrifically injured and died. The writers worked closely with the National Schizophrenia Fellowship when writing the story and it was commended by the fellowship for giving a balanced portrayal and not exaggerating his behaviour as extreme, showing avenues for help and the personal process of recovery. A recent storyline has involved a mother and daughter, Stacey Slater (played by actress Lacey Turner) who have both been labelled as having ‘bipolar disorder’. The writers worked closely with the mental health charity MIND, who praised the portrayal as ‘accurate, ‘honest’ and ‘informative’, and for using a popular and liked character (British Broadcasting Association, 2009).

1.4.2.2 Coronation Street

Coronation Street is the longest running television soap opera in Britain, broadcast since 1960. The programme is set in Weatherfield, a fictional town based on Salford. Four episodes are broadcast each week. The programmes use of regional accents and women in strong roles was considered ground-breaking when it was first shown, and during the 1960’s regularly attracted approximately 20 million viewers. To attract viewers in face of the competition from other soaps, notably *Eastenders*, *Coronation Street* moved from its social-realist background towards a more light hearted and entertaining format, one producer quoted as saying “We are in the business of entertaining, not offending” (in Goodwin & Whannel, 1990, p. 122).

A notable recent storyline involving mental health difficulties followed the character Claire Peacock (played by actor Julia Haworth) and her experience of post natal depression, leading to her attempting to kill her child and being detained in an inpatient

mental health unit. A storyline involving a character's addiction to painkillers was praised by Dr. Ash Khan (2009), consultant psychiatrist of the Priory group: "Using high-profile soap characters to portray this type of addiction, if done credibly, sensitively and with adequate research can help break down barriers and highlight important issues that are often not well-documented".

1.4.2.2 Emmerdale

Emmerdale (previously known as *Emmerdale Farm*) has been broadcast on ITV1 since 1972, and is currently shown in half hour episodes every weeknight, with an extra episode on Thursdays. It is set within a rural community in a fictional village in the Yorkshire Dales. A recent storyline has centred on a character self-harming following his role in the assisted suicide of his boyfriend, but has received little positive or negative attention from organisations with a mental health interest, however the actor did receive a 'British Soap Award' for his portrayal of the character.

1.4.2.3 Hollyoaks

Hollyoaks is the most recent British soap opera currently aired, having been broadcast from 1995. It is aimed at a younger audience, represented by its earlier broadcast time of 6.30 pm each weekday with an omnibus edition on Sundays. Plotlines centre on the students of a higher college in a fictional suburb of Chester. Although storylines are often designed to be relevant and contemporary, the style of filming frequently breaks with realist tradition by using dream sequences, montages, stylised camera effects such as split-screening and incidental music. A recent long running storyline involved a young character who experienced 'schizophrenia', both the actor and storywriters taking advice from the mental health charity 'Rethink'. In what could be seen as an example of circularity in the way the media depicts mental health, actor Nico Mirallegro said in

interview that he used the films 'Fight Club' and 'A Beautiful Mind' to research for the role (in Will, 2008).

Soap operas present an interesting genre in that they frequently portray mental health difficulties for both information and entertainment purposes, within a largely realist frame. Although the representation of mental health difficulties and the effects on the viewer has been well documented for television programming generally, and dramatic programming specifically, the unique nature of soap operas and their high viewership and frequent broadcasting make them an interesting focus for research in this area. Past research has focussed on the effects of such programming on audience attitudes; however there is a growing interest in the role of the audience in making meaning from media content.

1.5 The Role of the Viewer in Making Meaning from Media

In effects led research there are several assumptions inherent in the focus on the content of the media, and the positioning of the viewer as important only in how far they are affected by the content (Livingstone, 1992). It is assumed that the message within the content, as interpreted by the researcher, is the 'real' message that all viewers will receive. Although several studies have drawn upon the influence of viewer characteristics in whether the message will change their attitude, there is no viewer interaction considered with the meaning itself. The content is considered wholly responsible for the attitude that the viewer may or may not adopt. Although this 'hypodermic needle' understanding of media influence has lost favour through the emerging appreciation for the effects of the viewer's situational and attitudinal factors, the behaviourist cause-effect focus still dominates effects led research (Hodgetts & Chamberlain, 2009). This philosophy is sometimes referred to as a 'top down' or 'strong media' model. This understanding of the media assumes that the media is a

creator of meaning and the audience is the receiver; Connell (1986) argues that there is a bias for attributing negative public opinion of mental health to the media, and that this is a myth that functions to enable the public to avoid their own involvement in creating and shaping negative social discourse and the effects of this.

This focus on content having a single message to be found or not by the viewer can be seen within the context of the 'new criticism' approach to literature. The 'new criticism' (named after John Crowe Ransom's seminal book "The New Criticism", 1941) focused purely on the content of literature, negating the author's intent, the social and political context and the reader's interpretation. In reaction to this, and in the context of a growing postmodernist climate, focus started to shift towards the importance of the reader in their reading of a text. The importance of the reader was represented in the growing influence of hermeneutics, the study of interpretation, and the post-structuralist notion of intertextuality. Julia Kristeva (1980) stated that 'every text is from the outset under the jurisdiction of other discourses which impose a universe on it' (cited in Culler 1981, p. 105), both in the production of the text by the author and in the understanding of the text by the reader. The concept of intertextuality challenged the notion of a text having a single fixed meaning determined by authorial intent, that an author orchestrates pre-existing meanings rather than creating new ones (Barthes, 1977). This understanding had further implications for the role of the reader, leading Roland Barthes to declare the "death of the author" and "the birth of the reader" and that "a text's unity lies not in its origin but in its destination" (Barthes 1977, p. 148). Where once a text's readership were considered to be 'reading' the text in the activity of retrieving its meaning, a new understanding was emerging of audiences being involved in a process of 'rewriting' texts using their own understandings (Eagleton, 1983).

Reception theory (sometimes called reader-response or audience response theory) is a theory that developed from this post-structural climate. Originating from the work of Hans Robert Jauss in the 1960's, reception theory places the reader as a co-creator of meaning with the text. Within this theory the text exists only as a set of guidelines or 'schemata' (Ingarden, 1973); when reading the reader actualises the text with the pre-understandings that they have brought to the reading, the reader finds meaning from the text only through assessing it in the context of their own beliefs and understandings. This reading of a text is dynamic; the reader creates meaning from the text using their own preconceptions, these conceptions are challenged and changed by the meaning they create, and the text is then seen through these new conceptions; this understanding is also referred to as being within an 'active audience' model.

1.5.1 The relationship between the audience and the text

The 'new audience research' approach to exploring the way meaning was negotiated by active audiences gained momentum following Stuart Hall's 1980 essay 'Encoding/decoding' in which he separated the construction of meaning from a text by a reader into these two titular processes. Encoding is the process of the creation of the text whereby cultural forms are encoded through institutional relations, professional norms and technical equipment; decoding of this text is done strategically by the audience and is dependent on social-structural relations, access to the technology employed in participating and political-cultural disposition. Hall suggested that in negotiating and creating the meaning of a text, the nature of audiences' reading falls into dispositional categories in relationship to the 'preferred reading' or dominant ideology of the text. Hall identified three broad readings which were allowed to audiences through the extent to which their social situation favoured the texts dominant ideology: 'dominant' readings are produced by audiences whose social situation favours the preferred reading; 'oppositional' readings are made by audiences whose social

situation positions them in conflict with the preferred reading and ‘negotiated’ readings seek to manipulate the preferred reading to habituate differences between an audiences social situation and the text’s dominant ideology.

Following Hall’s essay the sociologist David Morley carried out a key study in the development of audience research. Morley (1983) used group viewings of two episodes of the popular news magazine programme *Nationwide* followed by a group discussion; cohesion in the social background of group members was inferred through groups being comprised of students and trainees that were enrolled on training courses for different professions. Morley concluded that the cultural background of audiences affected the nature of their reading of the programme (within the categories developed by Hall) through a number of different channels. Political affiliation (Conservative/Labour), ethnic background, social class, and gender were all influences on the viewer’s position towards the preferred reading of the programme. The viewer’s position was negotiated through a diverse range of the programme’s aspects, including the programme’s perceived political bias, the programme’s content, the style of the programme, viewer opinion about the programmes intended audience and their falling within or outside of this and comparison of the programme with other news programmes. Morley concluded that “The meaning of the text will be constructed differently according to the discourses (knowledges, prejudices, resistances etc.) brought to bear by the reader, and the crucial factor...will be the range of discourses at the disposal of the audience” (1983, p. 106). Through the *Nationwide* study Morley demonstrated that the process of meaning generation from a television programme depends on both the internal semiotic structure of the programme, and the sociology or cultural background of the viewer, demonstrating the importance of audience perspectives when exploring the meanings that a programme conveys to viewers.

1.5.2 The use of the media by the viewer

In considering the audience as actively participating with the media another factor that has been considered is the differing needs that audience members are attempting to fulfil by interacting with the media and how these will affect the meaning they take from the viewing. The uses and gratifications model (Blumler & Katz 1974) considers the gratifications that media provides as shaped by the needs that people bring to consumption of the media. For example McQuail, Blumer and Brown (1972) found that television quiz shows were watched as light entertainment by some, but others found satisfaction in them as an educational experience, particularly early school leavers. In newspaper media a survey by Eastern County Newspapers found that their local papers were often used by newcomers to the community as an aid to integrating and identifying with their new community, particularly the letters column as a way of eavesdropping into topical community issues and discourses; alternatively these papers were found as boring by younger established community members (cited in Curran and Sparks, 1991).

Studies into the theory of uses and gratification have identified several broad ways in which media can be used by the viewer to gratify a need. McQuail, Blumer and Brown (1972) included four primary uses: diversion – emotional involvement and escape from personal problems; personal relationships – using the media for companionship, strengthening social relationships through being able to talk about the media with others; personal identity or individual psychology – reinforcement or challenge of personal values, self-understanding and exploring reality; surveillance – getting information about factors that might affect them, or help them achieve something.

A key audience research study in the development of understandings towards the relationship between a consumers use of media, the need it fulfils and the discourses that this practice takes place within was Janice Radway's 1984 analysis of the consumption of romantic literature by female readers titled "Reading the Romance".

Radway refers to the writing of anthropologist Clifford Geertz in understanding the reader's use of romantic literature within the dominant patriarchal discourses of marriage that they found themselves positioned within as nurturers and caregivers. On a semantic level the text and narrative of romance novels reflected a utopian fantasy of being cared for and nurtured themselves, fulfilling desires that readers felt they were denied by their prescribed roles as caregivers. As a practice the act of reading was also identified as interlocked with the textual fulfilment of the novel in allowing an acceptable (if minor) expression of resistance against patriarchal culture by providing an activity for readers that allowed them to escape their culturally prescribed caregiving duties. Radway's analysis of the gratifications of romance novels was important in its non-pejorative treatment of popular media (such as the soap opera) as a worthy area of study, resisting dominant discourses of such media as 'trite' and the marginalising influence of these on understandings of audiences of popular media.

Two fundamental uses of the media by consumers for both entertainment and information, and the provision of these by media producers are considered by Curran and Sparks (1991) to be present in all media, including media that pertains to be explicitly informative such as the news media. Entertainment and information are not exclusive, and representations of mental illness that seek to entertain through extreme portrayals will also potentially inform the audience at the same time. There is a contention here when representing mental distress between portraying it in a fashion that entertains the audience whilst not giving an extreme portrayal that stigmatises those experiencing mental distress.

1.5.3 Markers of 'reality' in the media

Studies in the field of semiotics have identified a number of 'modality markers' that are used by individuals to determine the reality, truth or fact of media (Hodge & Kress, 1988). The themes portrayed by soap operas satisfy many of these markers of realism,

including being possible, plausible, familiar, current and local. However on inspection the content of soap operas is wildly unrealistic, the characters portrayed within these encountering more hardships and leading lives more eventful than could be generally expected in the real communities they reflect, for example one study by the periodical *New Scientist* (2003) found that *Eastenders* had a murder rate of 1 in 454 compared to the national average of 1 in 62'500. How viewers of soap operas maintain their relationship with soap operas as realistic when confronted with multiple instances that contradict this was one of the topics explored in Ien Ang's 1985 audience research into the viewing of the soap opera *Dallas*. Ang argues that televised soap operas involve an emotional or psychological realism which acts at a connotative rather than denotative level, that even if what happens is considered unrealistic, the emotional identification with the character will render the portrayal true-to-life. Another strategy that was identified is the taking of an 'ironic stance' by viewers to distance themselves from the unrealistic elements of the programme through demonstrating their awareness of these. Ang suggested that this relationship with the reality of a soap opera also acts at an ideological level, that when audiences disagreed ideologically with the portrayal of a character (for example female characters as weak or subservient to male characters) this was often validated by viewers through their understanding that these were ideologies that existed in real life. Over time Hodge and Kress (1988) argue that elements of the media that denote it as produced will become naturalized and the content accepted as a 'representation of reality', a strong possibility for soap opera given the frequent schedule and long running format.

Livingstone (1998) suggests that audience participation itself can be a factor in viewers developing notions of realism with texts, in particular the soap opera. Livingstone argues that the financially led production values of soap operas being accessible to wide audiences is a factor in characters and the moral and social themes that they represent

being drawn ambiguously, and that the pleasure for the audience in watching soap operas is in engaging with the program content to make their own individual opinion and narrative about the characters motivations. Livingstone argues that audiences attribute realism to the programme through engaging with the programme by drawing on their own experiences and knowledge to actualise the characters.

1.5.4 Public attitudes towards the soap opera genre

The social realist tradition of soap operas is of particular interest when considering the way that audiences might relate to the portrayals of mental health difficulties, in particular their presentation as both entertaining and factual. A nationwide survey of audience attitudes towards soap operas in the United Kingdom was carried out by the Broadcasting Standards Commission in 2002 (Hargave & Gatfield, 2002). Expectation of reality in soap operas was high, with 20% of respondents saying that they expected “true to life situations”; however this was placed 5th in audience expectations, after “entertainment”, “humour” and “place of gloomy happenings” suggesting that whilst audiences feel there is a strong element of reality in soap operas, they also perceive soap operas as having a bias towards gloomy portrayals, worst case scenarios and taking liberty with the ‘reality’ they portray for entertainment purposes.

The expectation of genre held by viewers is described within genre contract theory, a subset of audience response theory. Genre has been defined as a set of expectations that programmes are grouped into (Neale 1980: p. 51) that form a tacit contract between programme maker and viewer that the viewer’s expectations of the genre will be met if they invest their time, emotional involvement and money into the viewing (Hodge & Kress 1988: p. 7). Genre has been described as a frame within which viewers make sense of a programme, a guideline for comprehension that orientates the viewer towards the appropriate way to engage with the material; for example as realistic or unrealistic, fantastical, comedic or tragic (Corner 1991: p. 276). Genre is considered a form of

‘horizontal intertextuality’ (Fiske, 2010) within which texts are explicitly linked and formally framed by shared conventions. Livingstone’s 1991 study of the way in which audiences retell romantic drama narratives, particularly in the soap opera *Coronation Street* suggests that genre knowledge is frequently used by viewers to create coherence to character narratives, draw inferences about their motivations and to take a viewer position (i.e. romantic, cynical; (Livingstone 1990b) which will determine the way in which they relate to the storylines.

1.5.5 Issues in audience activity within realist media

Although the concept of the active audience has become more accepted within studies of media effects, reservations have been made about how active the audience can be with media that is presented as realist, such as soap operas. In his collection of essays ‘Mythologies’ Barthes (1972) draws a distinction between ‘literature’, in which the audience’s involvement in meaning making is actively encouraged and essential to the reading, and ‘realist literature’ in which plurality within the message is blocked to offer a single, fixed meaning. This was demonstrated by the reduction of the ‘polysemic’ qualities of news photographs by the more specific meaning of the headline accompanying them. Barthes considered the realist novel and newspapers as such examples of realist literature, and the social-realist trappings of soap operas could be considered within the same family. Following from these ideas, Fiske (2010) proposes that some texts, specifically news texts, could be classified as ‘producerly’, making ideas easily accessible and presenting a clearly defined message, but still open to some differences in interpretation from the audience.

Alternatively Livingstone (1992) considers the soap opera to be highly accommodating of audience activity, resisting closure through the absence of discreet beginnings and endings to storylines, presenting multiple interweaving narratives and multiple viewpoints of the events portrayed. Livingstone suggests that the producers anticipation

of a diverse and wide audience invites them to construct a variety of possible coherent readings.

1.6 Research into Audience Activity with Media Portrayals of Mental Health Difficulties

Some research has foregrounded the views and opinions of the audience towards the programme over analysis of the programmes content and its effects, this approach is rare however and literature is scarce; a review of the portrayal of mental health in the media and audience attitudes by Rose et al. (2007) found very limited research into audience reception with media.

In the study for the 'Shift' organisation Philo et al. (2010) carried out several focus groups with members of the general population around their attitudes towards the portrayal of mental illness in dramatic media. In this study the ideas people had about 'mental illness' were varied and largely sympathetic, but not totally; the idea of an 'invisible problem' was remarked upon, as was the conception of 'bipolar disorder' as 'trendy' within the media. Many people attributed 'mental illness' to specific disorders such as 'depression and schizophrenia', with some considering it as other 'disabilities' not thought of as 'mental illness' by healthcare authorities such as 'Asperger's' and 'Down's syndrome'. Many of the interviewees identified negative social discourses of 'mental illness', whilst declaring that they do not share them, and described these as generalisations often used in the media; these included words such as 'nutter', 'psycho', ideas of violence and threat, and not having social ability. Audience opinions of the realism of storylines was important, and the focus group attendees equated realism as good, praising the storyline if they felt it had been well researched, and being negative about perceived over-dramatisation, apparently because of ideas that as mental health difficulties affect people and are often difficult to live through, dramatic portrayals

should not make light of them. Participants who had relatives or friends that had experienced mental health difficulties raised this as something that had influenced their viewing, making them perceive storylines as ‘over the top’, or finding viewing difficult because it raised bad memories. Interestingly some participants said that whilst they thought some humorous depictions of ‘mental illness’ were cruel or unreasonable, they still found these humorous, suggesting that a viewer’s preconceptions do not necessarily override the entertainment value of the portrayal.

In a 1994 study Philo et al. used an ‘active audience’ approach to investigate the effect of the ‘framing’ of news stories, asking their participants to write a typical news story for various news headlines that they were given involving mental health from a negative (violent) frame and a positive (survivor) frame. Philo et al. concluded that while audiences were active in creating meaning, the ‘framing’ of stories was powerful enough to override any contrasting beliefs and attitudes of the audience, even those formed through direct experience. However McKracken, Capenter and Fabre (2008) make reservations about accepting this conclusion as authoritative, citing the age of the study, the limitations of the method and the paucity of other research.

McKracken et al. (2008) carried out a large study using focus groups to analyse the ways in which audience attitudes influence their reception of media content regarding mental health. Within the ‘strong effects model’ their findings suggested that the way media portrayed and framed mental illness could be absorbed at face value by the audience; in particular stories which appeared to shock and horrify participants seemed to unite the audience with the media in their need to find an explanation for socially abhorrent behaviour and bring the audiences reception in line with the media message. Within media systems dependency theory the study suggested that stories arousing the participant’s interest were ones that frightened audiences with portrayals of violence

committed by people with mental health difficulties. Stories where the audience were left without adequate explanation for someone's actions (for example the uncertainty around the motives of Josef Fritzl) also aroused involvement with the content, and often caused them to ally with media explanations of 'insanity'. Media portrayals that reflected the personal experiences of viewers also aroused interest and involvement with participants, as did media stories about celebrities that people felt involved with. Within 'active audience' models analysis of the focus group transcripts suggested several ways in which audience preconceptions could change the way they related to media messages. In particular participants often pointed to contrasts between media portrayals and their personal experience of mental health difficulties, and those of their families or friends; for people that did not have this experience the media was their main source of information, and was mainly considered by them to be unsatisfactory.

1.7 Summary and Development of Research Questions

1.7.1 Summary

Social attitudes towards mental distress are often negative, and these negative attitudes have a significant deleterious effect on the wellbeing of people identified as experiencing mental distress. The media both reflects, maintains and produces social attitudes towards mental distress, which often represent underlying discourses, ideologies and agendas. Increasingly the media is being used to counter stigma, however there is controversy as to whether these non-stigmatising portrayals fulfil their purpose. While traditionally the media has been positioned as influencing viewer attitudes directly there is increasing evidence that viewers are active in their interpretation of media portrayals. A particular medium of interest in its portrayal of mental distress is the soap opera. Soap operas in the United Kingdom are viewed by a

high percentage of the population, are portrayed as being grounded in reality and frequently portray mental distress, often with the explicit purpose of challenging stigma.

1.7.2 Relevance to Clinical Psychology

An analysis of audience response towards mental health portrayal has the potential to be relevant to the field of clinical psychology in several ways. The notion that a service user's understanding of their experiences and the way these are related to by those around them can be abling or disabling is central to most therapeutic models, including notions of 'negative cognitions' in cognitive-behavioural therapy (Beck, 1975), 'narratives' or 'problem saturated stories' in narrative therapy (White & Epston, 1990) and the cybernetic systems of systemic family therapy (Palazzoli, Boscolo, Cecchin & Prata, 1978). As previously discussed stigmatising understandings of mental distress have been suggested to disable individuals both through their treatment by others and through their internalisation of these ideas (Corrigan and Watson, 2002; Holmes and River, 1998). The ideas that individuals hold about mental health services may also have an influence on how they relate to these and can benefit from them (Reder & Fredman, 1996). This research project has the potential to further knowledge or provoke thought around the ideas available to the public about mental distress and mental health services which may be encountered by clinical psychologists in their therapeutic work with clients and their families, aiding them to consider these and engaging with them in the clinical setting. Raising the profile of media influences on the public understanding of mental distress might also influence clinicians to explore with their clients the potential media sources of their ideas about their experiences, highlighting these influences and supporting resistance of them where appropriate.

Clinical psychologists themselves are not outside of the influence of the media, both as consumers and being situated within the social and cultural discourse surrounding mental distress that the media contributes to. The importance of clinical psychologists

considering their own beliefs and values and how these might be represented in their work with relevance to their position of power over their clients was initially raised by Schon (1987) who introduced the role of reflective-practitioner. By investigating the ideas about mental distress propagated through the media clinical psychologists might be able to reflect on how these ideas are reflected in their own beliefs and values and how they might influence their clinical practice.

Some clinical psychologists have suggested that individual therapy is limited in its efficacy in relation to wider cultural systems of power, meaning and practices that impact on individuals (Smail, 1999; Wertch, 1995). This movement is loosely referred to as community psychology, and overlaps considerably with the critical psychology movement; within this understanding addressing distress at a social or community level is a valid role for a clinical psychologist. This research project has the potential for to highlight the ideas received by audiences from the media regarding mental distress, and the potential detrimental or positive impact this may have on members of society; these findings might be used to campaign for more helpful portrayals of mental distress in the media. As a supporter of the community psychology movement I consider the potential this project has for wider social action to validate my undertaking of it as a trainee clinical psychologist.

1.7.3 Research Questions

To explore the audience perspective of the portrayal of mental distress in soap operas the following research question was developed:

- **How do viewers construct mental distress from soap operas produced in the United Kingdom?**

In exploring this question the following sub-questions were also thought to be relevant:

- **How do viewers construct the realism of mental distress portrayals in UK soap operas?**
- **How do viewers construct their viewing practices of mental distress storylines in UK soap operas?**

METHODOLOGY

2.1 Qualitative Design

This research aims to explore the way that mental distress is constructed by viewers from soap opera storylines, attending to viewer notions of mental distress, the soap opera genre and their viewing practices.

Although there is considerable literature surrounding audience response theory and research associated with this that might lend itself to a hypothetico-deductive design, an exploratory design was considered to be more appropriate. The main reason for choosing an exploratory design was that there is little research specifically of audience response to mental distress portrayals and the social discourses that these portrayals are produced and consumed within are likely to be multiple, varied and fluctuating; these factors make hypothesising potential audience responses to mental distress portrayals (and the subsequent testing of these) difficult. Although these variables could be reduced through recruiting participants from particular demographics or researching audience response to a single short scene portraying mental distress, I felt that this approach would not represent the variability of national audiences and mental distress portrayal in the media, or the naturalistic setting that viewing takes place within. Given the limited research literature on audience response towards mental distress portrayal an exploratory approach would also represent an opportunity to generate new and novel understandings in this area, rather than testing a limited research base.

As this research is exploratory and not testing a current theory base, a qualitative design was decided on. Qualitative approaches have been supported as facilitating the depth and flexibility of research that is exploratory, as opposed to hypothetico-deductive (Barker, Pistrang and Elliot, 2002).

As this research aimed to explore the way that audiences are active in creating meaning with the programme, interviews with viewers were used. Interviews were semi structured to allow flexibility within the defined interview schedule. It was thought that individual interviews would allow participants to express ideas that might be difficult within a group setting, for example personal experiences of mental distress or ideas that participants might feel are socially unacceptable.

2.2 Epistemology

The aims of this research project were to analyse the different ways in which viewers might interpret the content of mental distress storylines in soap operas. In the introduction I presented literature suggesting that the way viewers receive media content may be influenced by a number of factors, including their previous understanding of the portrayed topic, the need that their use of the media fulfils and their understanding of the genre. Although the media is interpreted by the individual viewer the resources available to them in this process are made available to them through social and cultural attitudes and understandings. My interest in this project is to analyse the different ways in which viewers might understand mental distress storylines and the way in which they do this. The epistemology which I thought best represented this was social constructionism. Social constructionism understands knowledge as varied, that there are many 'truths' rather than a single 'truth' and is concerned with how knowledge is generated or 'constructed'; these constructions are thought to be socially generated through culturally shared categories of meaning (Gergen, 1985).

Within this epistemology my analysis and discussion will be concerned with the different ways in which mental distress can be constructed from soap opera portrayals, and the resources that are used in these constructions. This could be seen in contrast to a more realist approach where a single understanding of a portrayal is seen as the ‘correct’ one and the focus is on how viewers deviate or collude with this, for example.

Burr (1995) has said that social constructionism represents a number of epistemological approaches united by a ‘family resemblance’. In particular social constructionist approaches can vary in their understanding of relativism and realism (Nightingale & Cromby, 1999). Whereas more relativist approaches might state that there is no understanding available beyond a text (Edwards & Potter, 1992, Edwards, Ashmore & Potter, 1995) some authors have suggested a ‘critical realist’ approach (sometimes described as ‘moderate social constructionism’) in which it is important to go beyond the text and “make certain ontological claims about pre-existing material practices which can influence discourse” (Harper, 2012, Chapter 7, Section 5, para. 4). I considered that taking a critical realist social constructionist approach would allow an analysis of the way mental distress is constructed by participants whilst maintaining an appreciation for the material context in which these constructions are made. In particular I considered it important to maintain an appreciation for the underlying mechanisms of storyline production and producer agenda which shape the storylines from which viewers draw their constructions, such as the economic agenda of attracting audience share. Further to this my approach to analysis will assume that both the production and consumption of mental distress storylines will be influenced by social and cultural institutions, for example wider social understandings and practices regarding mental distress, the soap opera genre and the media; this assumption is represented by the critical realist epistemology.

2.3 Discursive Thematic Analysis

As outlined in the literature review research into the audience interpretation of media content has suggested that social attitudes and discourses, media content, and the understandings and practices that inform viewers' interpretation of media content are inter-relational: they both produce and are products of each other. 'Discourses' have been broadly defined as "systems of meaning that are related to the interactional and wider socio-cultural context and operate regardless of the speakers intentions" (Georgaca and Avdi; in Harper 2011) and analysis at a discursive level was considered best to reflect this understanding of media viewing within an audience response approach. In discourse analysis language is considered to be a way of constructing reality rather than directly reflecting this; language is also considered a form of social action with which people achieve interpersonal goals in interactional contexts. Of the different approaches that can be taken in discourse analysis the first that was considered was Foucauldian discourse analysis (FDA). The distinction between FDA and discourse analysis has been described by Harper (2006) as FDA having a focus on discursive resources and discursive analysis having a focus on discursive practices. Within FDA 'discourse' is seen as a means of constructing objects, events and subjects through a whole system of practices and materialities rather than focussing on language itself (Kendall and Wickham, 1999); these practices are situated historically and within hegemonic systems of power. Although it would have been of interest to analyse viewer understandings within Foucauldian notions of discourse, my research interest was in a broader analysis of viewer's understandings of mental health storylines and the discursive resources that allowed these; this was primarily because of the limited previous audience research regarding mental health portrayal. I felt that a focussed

FDA might lead the analysis in a more specific direction than was desired. For this reason I felt that a discursive thematic analysis would be more appropriate for my broad research agenda. Discursive thematic analysis is a form of thematic analysis that overlaps with some forms of discourse analysis in attempting to look beyond the semantic surface level content of the data towards those underlying ideas, concepts and assumptions that inform it. Previous studies have referred to discursive thematic analysis as a methodology that “takes into account both the broad thematic patterns of talk, but looks in more detail at what object those accounts construct, and how they construct them” (Braun & Kitzinger, 2001; see also Singer and Hunter, 1999; Taylor and Ussher, 2001). I felt that this methodology would meet my research interest in broadly mapping out what discursive resources were available to participants in their understanding of soap opera portrayals of mental distress, rather than a more specific analysis of particular discursive features which might be attended to by a discourse analysis or FDA; an approach bearing similarity to Braun and Clarke’s (2006, p.81) description of “a thematic analysis within a social constructionist epistemology (i.e., where patterns are identified as socially produced, but no discursive analysis is conducted)”. Thematic analysis is a methodology that allows flexibility in the analytic approach used when mapping out themes within a text, and allowed me to consider both traditional notions of discourse as a language practice, and Foucauldian notions of discourse as a material or institutional resource when developing themes. This use of Foucauldian ideas as an influence rather than a focus in analysis was supported by Foucault who referred to his ideas as “a kind of tool-box which others can rummage through” (Foucault, 1974).

Thematic analyses can be undertaken to provide a narrow but in-depth focus on particular aspects the data, or a broad and rich description of the data set. The analysis can also differ in whether it is approached in a theoretical or inductive manner.

Theoretical approaches are analyst driven, and aim to analyse the data within the researcher's analytical or theoretical interest in the area. Inductive or 'bottom up' approaches are more data driven, linking themes more strongly to the data. Braun and Clarke (2006) suggest that researchers should consider the aims of their research and what approaches would best fit with this. I would describe this project as theoretically driven at the level of design, and inductively driven at the level of analysis. The design of this research project has been developed within the assumptions of audience response theory, namely the decision to analyse interviews with viewers and the inclusion of interview questions regarding the viewer's interpretation of mental distress storylines. The interview schedule also includes questions regarding the interviewee's use of viewing these storylines and how their ideas are influenced by their perception of soap opera genre; these questions were developed respectively from the uses and gratifications model and genre theory, both related to audience response. The use of specific questions to lead interviews in these directions represents a theoretical influence in data collection which will have imposed on the themes available for analysis. However within the theoretical constraints of the data collection I aimed to take an approach to analysis which was as broad and inclusive of the data as possible; themes were developed primarily from the data rather than the data being specifically analysed for instances related to audience response theory. Throughout the analysis my aim was to explore what themes might be developed regarding mental distress storylines when an audience focussed design is used, rather than making claims about audience response theory itself.

2.4 Interview Schedule

Some authors have commented on the unnatural environment created by the interview situation (e.g. Potter & Hepburn, 2005; Taylor, 2001); a semi structured interview was

used (appendix B) to allow a more naturalistic style that was flexible enough to explore differing ideas and understandings that might be specific to individual participants, allowing in depth exploration of the topic whilst maintaining a focus on the research questions (Charmaz, 2006). It was thought that individual interviews would allow participants to be more open about their ideas and personal experiences of mental health than focus groups due to the stigma associated with this subject. Questions were initially phrased in an open manner with prompts to elicit more specific information. While questions and prompts were used when possible, the diverse nature of the interviewees responses, the broadness of the research question and the desire to create a conversational environment meant that questions and prompts were often asked in a different way, and areas of interest that diverged from the schedule were frequently followed up on.

Over the first five interviews it became apparent that the original schedule was found by participants to be too abrupt, that some questions would be better suited to being broken down into several individual questions. Interviewees were also answering in a more academic style, talking about what the programme makers were trying to do rather than talking from the position as a viewer. Whilst this information was still valuable the research schedule was changed (appendix C) to separate out the multiple components of certain questions into multiple individual questions, and reworded to prompt answers from the interviewee's position as a viewer.

2.5 Permission and Ethics

Ethical approval was given by the University of East London Research Ethics Committee (appendix D). As participants were recruited from the general adult population recruitment was not made through the National Health Service and NHS Research Ethics Committee approval was deemed unnecessary. The practice and

procedure of the thesis was led by the ethical guidelines of the British Psychological society (2010) and the Data Protection Act (1998).

2.5.1 Informed Consent

Informed consent was gained from all participants, who were given a participant information sheet to read before participating (Appendix E). This was given before the interview itself, and where possible was sent to them before travelling to the interview to minimise any coercion. Also outlined was the confidentiality of the participants interview material and identity; participants were told that their names and demographic information would be stored separately from their interviews and coded to them by number, that their interviews would be transcribed and both the audio and transcribed interviews kept in a secure location and not seen by anyone not directly connected to the supervision and marking of the thesis. Some interviewees expressed feeling that what they had to say was basic or unimportant, in these instances participants were told that due to the nature of the analysis all information they gave would be valuable. Participants were invited to ask any questions regarding the interview procedure before the interview, however to avoid colouring the participants responses lengthy conversation about the purpose and nature of the thesis were avoided until after the interview when participants were invited to ask any further questions that may have arisen during their interview and were fully debriefed. To address any potential distress that might develop due to the subject matter of the interview participants were informed that some of the questions might invite them to talk about their own experience of mental health difficulties, and they should only divulge information if they felt comfortable doing so; participants were also reassured that they could stop the interview or withdraw from the research at any time. Although no participants became distressed during the interviews, if this became the case then the interview would be stopped, the

participants would be supported and further immediate or on-going support would be considered within an assessment of risk and the participant's safety.

2.5.2 Confidentiality

All efforts were made to ensure that participant's confidentiality was upheld. The demographic information was recorded by hand before recording began, and linked to the interviews and transcripts through a number code. After interviews had been taken they were transferred to a password protected storage file on a desktop computer and deleted from the electronic recording device to minimise exposure through loss of the portable device. Transcripts were kept together in a locked drawer in my personal residence; demographic information was kept in a separate locked drawer. During the analysis pseudonyms were used when referring to participants.

2.6 Participants

2.6.1 Selection Criteria

To capitalise on the anticipated diversity of viewer opinions whilst recognising time limitations on the amount of data that could be analysed, twenty interviews of half an hour were conducted. It was felt that carrying out a greater number of shorter interviews would better represent the aims of a discursive thematic analysis in developing themes within the viewer's constructions of mental distress from soap opera portrayals, as opposed to the longer interviews that might be required for a discursive analysis. The participants were all people of adult age who watched at least one British soap opera and could name a storyline in which they felt a character had experienced mental health difficulties. As I hoped to capture the diverse viewing habits that exist amongst soap opera viewers in the participant sample no exclusion criteria were set regarding frequency of viewing, interest in viewing, and length of time that the participant had watched soap operas.

Recruitment was originally considered with the desire for the sample to be as representative of the viewer population as possible. However as the voices of people with mental health difficulties and other marginalised groups are often underrepresented in research positive efforts were made to recruit people who have been labelled with a psychiatric diagnosis, and people from minority ethnic groups. During the mid-stage of recruitment it was noted that the number of male participants was below that which would be expected from the demographics of soap opera viewers and positive efforts were made to recruit men. Recruiting participants from a range of demographics (including gender, age, employment and experience of mental health services) was done with the intention of increasing the environmental validity of the sample rather than to provide comparisons between participants during the analysis. Comparisons of themes between mental health service users and non-service users, or audience research focussing on mental health service user viewers would be an interesting research approach, particularly in relation to previous research on internalised stigma, however specific or comparative analysis of service user participant's interviews was considered to be beyond the broad scope of this research project in its specificity, limiting discussion around this. Participant mental health service experiences were considered more generally during the analysis although themes specific to these participants were not developed.

2.6.2 Recruitment

Recruitment was carried out initially using online social media such as the soap opera special interest groups on the Facebook (<http://www.facebook.com>) and DigitalSpy (<http://www.digitalspy.co.uk>) websites. Posters and flyers were also distributed to public areas within the East London area to improve inclusivity to potential participants without online access (appendix F). From these initial contacts a 'snowballing' approach was used, where participants were asked if they had acquaintances that may be

interesting in participating and could potentially pass information about the study including contact information to them. Initial contact was made to me through electronic mail or telephone. Interview times and locations were arranged directly with participants and care was taken for these to be as safe and convenient for the participant as possible, and in a place where confidentiality could be maintained³. Participants were asked to sign a consent form (Appendix G) in which they acknowledged their understanding of the information sheet and confirmed their willingness to participate.

2.6.3 Payment

Participants were informed that they would be compensated for any reasonable expenses or travel costs they might incur, and that this would be provided regardless of whether they completed the interview or withdrew from the study; however no participants took up on this. The decision not to offer further payment was made on the relatively large participant sample and limited funding for the thesis, and the consideration that participants willing to participate without further funding may be more likely to do so from interest in the subject matter and may give more comprehensive opinion.

2.6.4 Participant Profile

Participant demographics are presented in table 4. Fifteen women and five men were interviewed. Their ages ranged from between 22 to 84. Participant number one revealed at the time of interview that she watched only *Midsommer Murders* an episodic crime drama that falls outside of the description of a soap opera, although their interview material reflected the topic somewhat it was felt to diverge too greatly from the research topic and was excluded. At the time of transcription participant twenty's interview could not be played due to a file corruption and was also excluded. Three participants

³ Locations included a study room in a local library that was used with permission, a private room at the participant's place of work and the participant's home address.

revealed that they had received a psychiatric label and had long term psychiatric service use; one of these participants was also currently working as a mental health worker. One participant worked in mental health as a learning disability support worker. Demographic information was collected to monitor the participant demographics and the extent that any groups may be marginalised by the sample. Participants were asked how they would describe their ethnicity with twelve participants identifying as white-British and eight identifying as having black and minority ethnic heritage. Profession was asked for as a way of monitoring social class demographics. Demographic information was used only to monitor participant diversity. During the analysis pseudonyms were used to maintain confidentiality while making its tone more personable.

Table 4: *Participant information*

Interview number	Pseudonym	Age range	profession	gender	notes
1	-----	80-84	Retired Teacher	f	Interview not used
2	Mary	75-79	Retired factory worker	f	
3	Joan	80-84	Retired homemaker	f	
4	Tamsin	25-29	Artist	f	
5	Libby	20-24	Mental Health Worker	f	Support worker in learning disabilities
6	George	40-44	Part time caterer	m	
7	Vanessa	25-29	Engineer	f	
8	Katie	45-49	retired education worker	f	
9	Mandip	25-29	IT executive	f	
10	Anna	25-29	Marketing executive	f	
11	David	45-49	Van driver	m	
12	Louise	20-24	Actress	f	
13	Gemma	75-79	Retired caterer	f	
14	June	45-49	Part time charity worker	f	History of Bipolar Disorder
15	Fran	80-84	Retired caterer	f	
16	Sarah	30-34	Shop assistant	f	History of severe depression
17	Vicky	50-54	Mental health worker	f	History of severe depression - now works in mental health
18	Robert	40-44	Copywriter	m	
19	William	30-34	Solicitor	m	
20	-----	45-49	Television executive	m	Interview not used

2.7 Data Collection

Participants were informed before the interview that it would be audio recorded and transcribed. Because of the open nature of the interview schedule, interviews lasted for between 20 and 50 minutes, averaging at approximately 40 minutes. Interviews were recorded with a digital voice recorder.

2.7.1 Transcription

Potter and Wetherell (1987) argue that capturing the semantic concept of speech by using simple notations is appropriate for analysis that is focused at category membership level. Audio recordings of the interviews were transcribed using Potter and Wetherell's convention; grammar is presented as it might appear in prose and might best represent the listening experience (appendix H).

2.8 Analysis

Data from the interviews were analysed using a discursive thematic analysis (outlined by Braun and Clarke, 2006). This was an iterative process where discursive themes were developed from individual interviews and then checked and rechecked against the other interviews to identify patterns or inconsistencies in the themes that were developed

Analysis began at the transcription stage. During the transcription process I kept a notebook where I wrote down thoughts and areas of interest that I noticed, including themes that appeared to occur consistently across the interviews. Interviews were transcribed in the order by which they were carried out. Transcribing the data allowed me to develop an initial familiarity with the subject matter and develop rudimentary ideas of broad themes.

Following the transcription I moved onto the process of coding. First of all I read through the transcripts, underlining and making margin notes of the ideas that I was developing. I then reread the transcripts, making further margin notes of the elements that various data segments appeared to represent. Initial coding was done as inclusively as possible to produce a body of instances, rather than setting limits on the body and constraining any themes that might develop. An example of an annotated transcript has

been included in appendix I. This process resulted in a long list of codes related to the elements of the transcripts (appendix J).

These codes were analysed for difference and consistency in the content and forms of the accounts. This involved related codes being connected together into over-arching themes. During this process I used the cut and paste function of a word processing program to take extracts from the transcripts and organise them into themed categories, similar to the ‘theme piles’ described by Braun and Clarke (2006). This process resulted in a collection of candidate super-ordinate themes, comprised from several subthemes (appendix K).

In the next phase these themes were reviewed and refined, being discarded if there was insufficient data to support them, collapsed into a single theme if they shared notable similarities or broken down into several themes if the data within a single theme were considered to be too diverse. This phase led to the development of a thematic map of the latent themes that had been developed. These themes were named and described, allowing a further process of refinement as the qualities that defined the theme were developed and checked back with the initial codes. The final thematic map and theme descriptions can be found in appendix L. A selection of extracts that represent these themes but were not used in the final analysis has been provided in appendix M.

2.9 Evaluative Criteria

The open nature of qualitative research has the potential to attract criticisms of quality, that ‘anything goes’ (Burman, 2004). To address issues of quality I considered this research project within Spencer and Richie’s guidelines of contribution, credibility and rigour (in Harper & Thompson, 2012). Contribution can be described as the value and relevance of research evidence; credibility describes the defensibility and plausibility of

research claims, it is related to scientific notions of interpretive validity, of how well claims are supported by the data; rigour can be described as synonymous with methodological validity, within this area I considered my research process and ethics, reflexivity and recruitment methods. While these criteria will be returned to in the discussion, ideas of reflexivity within the guideline of rigour were considered throughout the analysis and will be discussed further in this section.

2.9.1 Reflexivity

In constructionist research the researcher can be considered as ‘co-producing’ the data (Silverman, 1997) through the resources and institutional practices they draw on during the analysis. As a trainee clinical psychologist my own views, beliefs and assumptions about human experience and mental health difficulties cannot be assumed to be separate from my process of analysis, and I cannot claim the position of ‘neutral observer’.

Edwards, Ashmore and Potter (1995) suggest that the process of analysis must involve a critical interrogation of the ways in which the researcher makes sense of the world.

During the analysis the potential reflexive processes between me and the data was considered. As an aid to considering reflexive processes I maintained a reflective journal, making notes about my own thoughts on the themes that developed my position towards the discourses that these represented and how my personal biases might become an influence in the interpretation of these. In this section I shall briefly outline the personal interests and stances that led to me approaching this research and might be influential during the process of analysis.

My interest in the representation of mental distress in the media developed from my work as an assistant and trainee psychologist working in services for people who had been labelled as having severe and enduring mental illness. The familiarity that I developed with service users led me to appreciate the difference in portrayals of mental

distress in the media and my experience of people experiencing mental distress, and how media portrayals often appeared misrepresentative and negative. As someone with an interest in critical approaches to mental distress I also became sensitive to the frequently medicalised or disease orientated representation of mental distress in the media and the potentially deleterious effects of these discursive constructions. My interest is in media portrayal in general, I chose soap operas as a genre of interest because of their high viewing figures, frequent portrayals of mental distress and claims made to the realist tradition. I was not a soap opera viewer before the research project was proposed and have familiarised myself with the programmes through viewing broadcast episodes and watching clips relevant to mental distress on internet video streaming websites.

ANALYSIS

In this section the main themes of the analysis will be presented and discussed using extracts from the participant's interviews. I have also provided an overview of the storylines and characters referred to through the analysis for reference.

3.1 Overview of Characters and Storylines Referred To During the Interviews

During the interviews a number of characters and storylines were referred to, I have summarised these here to provide context to the analysis.

3.1.1 Eastenders: Jean and Stacey Slater

Jean Slater is a character that first appeared in 2004, becoming a regular character in 2006. She is described within the programme as suffering from bipolar disorder. Jean's condition was portrayed as worsening following the death of her husband and son (in a building accident and active army service), leading to her attempting suicide and being sectioned in 2005. Stacey is Jean's daughter and first appeared as a character in 2004. Stacey was a young carer for Jean, and similarly distraught at the loss of her father and brother. Stacey starts behaving erratically after the death of her friend, and is also raped by another character, Archie. After this Stacey publically attacks Archie, and as a result of this and the concerns about her behaviour is involuntarily sectioned to hospital and diagnosed with bipolar disorder. Later in the storyline Stacey kills Archie. The storyline ends with her being set up for an assault by another character, confessing the murder to two characters sympathetic to her and fleeing the country with her infant daughter. Eleven participants mentioned this storyline.

3.1.2 *Emmerdale*: Aaron Livesy

Aaron was introduced as a character in 2003. In 2008 he was involved in a storyline that portrayed his having difficulty accepting his identity as a gay man and attempting suicide, his main storyline then centred around issues of his coming to terms with his sexual identity. In 2011 Aaron was portrayed as the antagonist in an argument with his partner Jackson, after this argument Jackson was involved in a car crash that left him paralyzed. Aaron remained in a relationship with Jackson and became a carer for him. It became apparent that Jackson wished to die, and after struggling with Aaron over this Aaron assisted his suicide. Aaron was tried for murder but found not guilty due the circumstances. After this Aaron was portrayed as wrestling over whether he should have helped Jackson to die, becoming increasingly hostile towards other people and eventually self-harming through cutting himself. Six participants mentioned this storyline.

3.1.3 *Eastenders*: Joe Wicks

Joe Wicks first appeared as a character in 1996. He arrived with the back-story of looking for his father after the death of his sister in a car accident as a passenger in a car that Joe was driving. Joe was portrayed as badly affected by the death of his sister and holding himself as responsible for this. Joe was portrayed as acting increasingly strangely and eventually attempting suicide, he was subsequently diagnosed with schizophrenia. Joe eventually moves away from the area with his mother and leaves the programme.

3.1.4 *Doctors*: Ruth Pearce

Ruth first appeared in 2008 as the receptionist in the doctor's surgery that the soap opera is centred on. She was portrayed as starting to hear voices and blaming herself for her stillborn sister's death, contributed to through her mother's blame of her for this

throughout her childhood. Ruth was then portrayed as claiming that she was a nurse, using the identity of a nursing colleague. When this and her voice hearing experiences came to light she was sectioned under the mental health act and diagnosed with schizophrenia. She was portrayed as recovering through psychiatric medication use and left the series in 2010 to move to the USA and start a new life. Three participants mentioned this storyline.

3.1.5 *Coronation Street: John Stape*

John Stape first appeared as a character in 2007. He was portrayed as having a secret affair with Rosie, a teenage girl leading to his being fired from his position as a teacher. John blames Rosie for his being fired and kidnaps her. This is discovered and John is arrested. After his release John returns to teaching after being fired from an adult education centre by using the identity of another teacher who has left the profession. John's attempts to maintain this ruse lead to his accidental involvement in the deaths of three characters, the forced imprisonment of several others and the repeated kidnap of Rosie. John and Rosie are eventually found by two other characters who give chase to John in a car, leading to his having a fatal collision. Two participants mentioned this storyline.

3.1.6 *Hollyoaks: Newt*

Newt arrived as a character in 2007 with the backstory that he grew up in care and was subsequently abandoned by his mother. In care Newt made friends with a character called Eli who looked after him, Eli later committed suicide when he was twelve and Newt was eight, Newt found the body and was portrayed as traumatised by this. Later in Newt's storyline Eli reappears as a character. It later transpires that Eli is a figment of Newt's imagination. Newt is later sectioned and diagnosed with schizophrenia. Eli disappears when Newt starts taking medication, only to return later in the storyline

when he stops taking it. Eli takes a dislike to Newt's new girlfriend Rae, and attempts to make him kill her, which Newt resists. Rae and Newt agree to commit suicide because they cannot escape the troubles caused by Eli. Rae and Newt both jump into a canal, however when Newt is saved by his family who find him Rae does not resurface and is revealed to be another hallucination. Two participants mentioned this storyline.

3.2 Analysis

During the analysis four super-ordinate themes were developed. These were: 'cues identifying the character as experiencing mental distress'; 'cues used to construct the storyline of characters experiencing mental distress', 'constructions of the soap opera genre in relation to mental distress storylines'; and 'the construction of viewing practices involved in mental distress story lines'

3.2.1 Cues Identifying the Character as Experiencing Mental Distress

The first super-ordinate theme to be developed from the interviews involved the way in which cues provided by the programmes' portrayal allowed participants to construct the character as experiencing mental distress. From the interviews two main discursive constructions that 'mental distress' was defined within were developed: 'breaches of social convention' and 'incomprehensibility'. Two other discursive constructions that both defined and explained mental distress were also developed, these were: 'diagnostic and psychosocial discursive constructions' and 'humanist and moral discursive constructions'.

3.2.2 Breaches of social convention

During the interviews mental distress was often constructed through programme cues that represented the character breaching social conventions. In the following extract

June describes several cues that represent the crossing of social rules. The portrayal of Stacey's dress as inappropriate represents an infraction of social notions of fashion etiquette; 'spending a lot of money' refers to the participants previous description of Stacey getting into debt, leading to the loss of a shared market stall and representing a breach of financial obligations; the description of 'lacking inhibitions' infers a general disregard for social boundary:

[Extract 1, interviewee 14, lines 20-24]

she was spending a lot of money and, you know, she was out late at night; she wasn't sleeping very well; she was... her dress was really inappropriate, you know, she was dressing in an inappropriate way; going out and, you know, lacking inhibitions

David described Stacey as experiencing mental distress through programme cues representing breaches of sexual conventions, becoming pregnant by someone she 'shouldn't have' represented as a result of the 'licentious' behaviour she was portrayed as displaying due to a 'manic episode'.

[Extract 2, Interviewee 11, lines 65-72]

while she was going through her, one of her more manic episodes, she got pregnant by ((pause)) it might come back to me who she got pregnant by, so she had a baby by somebody that she shouldn't have had ((laughingly)) basically, and then she was responsible for killing somebody as well, wasn't she? So basically they portrayed her as very licentious, very wild and going out getting drunk, self-medicating I guess, able to kill somebody,

In this extract David also constructs the murder of another character by Stacey as a result of her 'manic episode'. Programme cues of dangerousness and distress to others

were frequently reflected in narratives relating to the characters experience of mental distress.

3.2.2.3 Dangerousness and distress to others

Constructs of mental health difficulty were frequently made available to participants through programme portrayals of the characters causing danger or distress to other people or themselves. Joan and Vanessa described Aaron as deliberately crashing a car while his mother was a passenger due to his emotional distress; Louise described John Stape killing another person with a hammer because of the distress he was experiencing; and Vanessa described Newt pushing lit fireworks through a letterbox on the impulse of hallucinatory experiences.

Dangerousness was often constructed as part of a progressive narrative of mental distress, representing the culmination of behaviour that gradually increased in its social unacceptability as its negative effects on others increased. Katie described the character of Ruth through a narrative of the gradual externalisation of her unusual ‘obsessional’ beliefs. The unusual belief is initially personal, being ‘obsessed’ with another character; this belief gradually affects others around her through her dress, use of her name and dating ex-boyfriends; finally this culminates in other people being put in danger by her treating them as a nurse. The point where the character becomes dangerous to others is described as ‘out of hand’, representing a point where unusual behaviour becomes unacceptable through threat of physical harm to others.

[Extract 3, interviewee 11, lines 27-34]

... the character had been completely fine, you know, you saw no signs of any mental health illness. She was a receptionist. And she started to become obsessed with the nurse who worked there, and started to dress like her. Then started to go out and use her name. Pretend that she was called that person.

Then started to date ex-boyfriends of this nurse. And... and... but it sort of got out of hand, because she started to wear the uniform... her uniform, when she wasn't in. And then started to treat patients.

Narratives of increasing social unacceptability and inappropriateness that storylines of developing mental distress were defined within often involved a corresponding progression from comprehensibility to incomprehensibility. Louise described the character John Stape as initially breaking social convention through lying about his identity, defined as a comprehensible act through its purpose to restore him to his previous profession. However the progress to kidnap and murder does not appear to have a comprehensible purpose, the description of 'silly' implying that contingencies that could explain or justify this behaviour as comprehensible were not available to Louise.

[Extract 5, interviewee 12, lines 36-43]

... he'd lost his job as a teacher, and then he wanted to become a teacher again and he ended up lying and taking on someone else's identity in order to do that. He then sort of ended up kidnapping one of the other characters, Rosie, and got found out. And then I don't know if there was a gap where it was, he was kind of sort of normal if you like. And I don't know it just got, it just got kind of more and more silly, to the point where he was holding people hostage, he killed someone with a hammer

Throughout the interviews constructions of dangerousness were made available to interviewees through a narrative rhetoric of the characters gradual transgression of socially acceptable behaviour, up to and including murder. A theme that ran concurrent to this was the unavailability of programme cues to the interviewer that might explain

these transgressions within a contingent narrative. This discourse of incomprehensibility was constructed in several ways throughout the interviews.

3.2.3 Incomprehensibility

A theme of incomprehensibility was developed from the participants' description of the characters, described through reference to a number of programme cues.

3.2.3.1 Unexplained changes in personality and behaviour

In several interviews participants referred to the incongruity or inconsistency of the characters behaviour with their behaviour otherwise. Mental distress appeared to be typified by a lack of programme cues that would otherwise explain the characters behaviour as consistent with the events surrounding them. Participants frequently referred to the program's portrayal of rapid and extreme changes in personality when describing characters experiencing mental distress, the erraticism of these changes appearing to dislocate the character from the environment around them that might otherwise rationalise the changes. In the following extract this dislocation from other contingencies is inferred by Mandip's description of sudden personality change and the absence of any programme cues that explain these:

[Extract 6, interviewee 9, lines 43-52]

It was kind of her... I think she was getting very paranoid about things and she, you know, she wasn't really herself any more. She kind of... I think the main thing was she was getting... it was paranoia was the big, big thing. And I think she also, in terms of her personality, she kind of ended up having quite a split personality with it as well, to be honest. You know, one minute she'd be okay, the next minute she'd, you know, be kind of having a bit of a breakdown or something like that, the next minute she'd be going completely wild. So her

whole kind of personality just seemed to have changed from one minute to the next.

As in this extract the lack of programme cues to explain the characters behaviour appeared to be associated with a shift in the locus by which the characters' behaviour was ascribed to; the origin of the characters' behaviour was positioned as internal to them rather than based in the external world around them. Louise drew on this locus of behaviour in considering whether or not John Stape's behaviour could be considered through the construct of mental distress, contrasting the external contingency of circumstance with internalised discursive constructions of 'something already in him' that is causing the behaviour.

[Extract 7, interviewee 12, lines 207-211]

Yes, I mean you could argue as well though that like yes he lost his job and he wanted to teach again, was it did he suddenly decide to take on a false identity because there's something already in him that's not quite kind of living in the correct social norms or ...

In many cases this sudden and incomprehensible change in personality was associated by participants with a shift from knowing and understanding the character to the character becoming unknown, mysterious and confusing. Sarah signified the character of Stacey Slater as needing help through referring to the breach in her familiarity with the character caused by the programme's portrayal of her personality change.

[Extract 8, interviewee 16, lines 73-78]

As I mentioned, her mum, her brother leaving, she just, her mood just changed instantly, it wasn't the Stacey that everyone had watched, and watched growing and loved. It was this person that, well, who the hell is this person? You know, is this who we know and who we love? This is someone that desperately needs help.

3.2.3.2 Incoherence of speech

Another programme cue associated with incomprehensibility that some participants used to construct characters as experiencing mental distress was their speech being dislocated from context. In describing John Stape as 'not in their right state of mind' Louise refers to the portrayal of his language as not coherent in structure and being removed from any 'sense' that she could make of it.

[Extract 9, interviewee 12, lines 109-114]

towards the end you know his whole kind of - the way he was, you know with like a beard and looking kind of like wild eyed and kind of like he got to a sta - he wasn't making sense, you know, the things he was saying, he wasn't sort of stringing together coherent sentences and the things that you sort of would associate with someone who's not in their right state of mind.

3.2.3.3 Filming Techniques

Two participants drew on cinematic techniques used by the programme as cues that the character was experiencing reality in a way that lacked coherence with their surroundings. Louise constructed Newt as having hallucinatory experiences through the programmes technique of showing him speaking to a character who did not appear when the scene was shot from another characters point of view, referring to him as 'an

imaginary friend'. In the following extract Stacey is understood as incomprehensible through 'point of view' camera shots being warped and distorted, the effect of this being to make Tamsin feel unable to "compute what [she is] really seeing". This bears a parallel to previous instances when the character is viewed as incomprehensible through their external behaviour, this camera technique demonstrating that not only is the character difficult to understand from an external perspective, but that the world from their perspective is equally incomprehensible:

[Extract 10, interviewee 4, lines 57-65]

Participant: you know, I don't think you can portray like hallucinations as well. Although they have tried to do that, kind of like warp the screen and... you know the kind of the picture. The image.

Interviewer: Have they?

Participant: Yeah. And make it look like, you know, you're in that person's shoes, wandering around the square in Albert Square, like under the influence or something, or unable to kind of compute like what you're really seeing.

This technique has the potential to be particularly effective in denoting confusion and difference through the contrast between the realist tradition of *Eastenders*' cinematic style and this rare incidence of non-realist camera technique.

3.2.2 Cues That Allowed the Characters Behaviour to be Explained

3.2.2.3 Diagnostic and psycho-social discursive constructions

In many of the previous extracts notions of socially unacceptable behaviour and incomprehensibility derived from the programme were used by participants to identify the character as experiencing mental distress during the interviews. Robert contrasted with this through his views that erratic behaviour or contradictions in character could be

explained through his expectations of the genre, or the writers 'expediency'. In this extract Robert describes explicit psychiatric diagnosis within the programme as the key way that a programme denotes a character as experiencing a 'mental health problem' to him.

[Extract 11, interviewee 18, lines 72-88]

Participant: I think, I think what you probably assume, as a viewer, is that erratic behaviour is just a sort of a dramatic device, so people who behave one day quite ... in one way, one day, and then a very contradictory way later on, it's, it's just expediency on the part of the writers today. So I don't think, I don't think I, it's my opinion that I don't think you're going to necessarily assume that this is somebody acting erratically because they're suffering from mental, mental health problems.

Interviewer: Okay, that's interesting.

Participant: I'm not really interpreting in a very sort of deep way!

Interviewer: No, no, that's interesting. So it's interesting to know why people don't think something's a mental health storyline, as to why they do, if you see what I mean.

Participant: I think, I think the storyline is a mental health problem when it's explicitly stated in the, in the, in the script, and also when there's a little message at the end of the show inviting you to call a helpline.

Although only mentioned as an explanatory discursive construction explicitly by Robert, the diagnosis of characters with a psychiatric condition appeared to provide participants with a highly available discursive construction through which to identify characters as experiencing mental distress, and to explain their otherwise

incomprehensible behaviour. All characters that had been given a psychiatric diagnosis in-programme were primarily identified through this, usually within the first sentence that the character was introduced through:

[Extract 12, interviewee 8, lines 20-23]

There was one last year which was in Doctors, where the receptionist had a breakdown and turned out to have schizophrenia and was... believed that she was someone else. Someone else who she worked with.

Although potentially reflective of the popularity of the different soap operas amongst the participant sample, the high predominance of characters that had been given a diagnosis amongst those discussed as experiencing mental distress could be seen as further evidencing the availability of diagnosis as an indicator of mental distress. A programme cue used in some interviewees' retelling of the character storyline was conversations between family members and other characters about the character in which diagnostic explanations were specifically given.

[Extract 13, interviewee 14, lines 191-197]

I think it was because her mother knew exactly what she was going through. And they were a very close... the Slaters are all a very close family; I mean, it's an extended family sort of thing. And she spoke to the girl's cousin, Kat Slater, she spoke to her; and then her granny they all spoke about it. They were saying to the mother, "She's having all these symptoms, don't you think you should speak to her?"

In this extract June describes a number of characters 'close' to Stacey Slater acting as orators, providing a diagnostic explanation of her behaviour through the description of 'symptoms'. Although the characters are fictional this programme cue appears to make

the rhetorical strategy of corroboration (Edwards and Potter, 1996) available to June in defining Stacey's behaviour within a diagnostic discursive construction.

The characters that participants referred to were often medical professionals that had been introduced for the storyline; frequent reference was also made to medication, hospitalisation and other medical or official practices:

[Extract 14, interviewee 12, lines 162-169]

Yes, I would definitely say so. And, you know, they went through the whole thing about her going to the doctor. She eventually went to the doctor. I think a mental health officer had sort of come in and made her go along to the doctor and got, got her medication. And then she pretended she was taking it; wasn't taking it, and things started breaking down again. And then she was actually taken in under sec... well they used to call it a section.

Medical practitioners and psychiatric practices represent a scientific-medical authority that has been argued to be highly legitimising in western culture (Boyle, 1999). The inclusion of these by programme makers appeared to make diagnostic explanatory frameworks highly available to participants through the category entitlement (Edwards and Potter, 1996) afforded to the medical profession.

The ubiquity of diagnostic discursive constructions in their availability to participants could sometimes be inferred from their use of empiricist discursive constructions (Edwards and Potter, 1996) to explain the characters behaviour as diagnostic in origin. Participants often referred to diagnostic constructs of character behaviour as an a priori given, for example in the following extracts David refers to Stacey's behaviour as 'typical' of 'depression'.

[Extract 15, interviewee 14, lines 20-25]

I think on the, well on the, sort of on the low side, you know, it was sort of, she sort of, I think it was demonstrating, you know, sort of typical characteristics of somebody being quite depressed, she was dressing in an inappropriate way; going out and, you know, lacking inhibitions. Just, just all the different symptoms that people experience.

The authority of medical practitioners and practices in communicating diagnostic discursive constructions to the participants could also be inferred from the lack of resistance to these discursive constructions during the interviews. Although participants often resisted the realism of the portrayal through describing elements of the portrayal of the diagnosis and hospitalisation procedure as unrealistic, resistance of the discourse of diagnosis and psychiatrically led treatment was rare. The rarity of this resistance was highlighted in contrast to the single example of this where Tamsin described her feelings that Stacey's behaviour was consistent with the hardships that she had endured, and questioned the necessity of a medicalised approach to treatment.

[Extract 16, interviewee 4, lines 269-275]

There had been different deaths and fires and losses of like different possessions. And loads of like hardships to deal with. And she was like just really kicking off. And then there was the getting sectioned. And it just seemed like, "Really? Does that happen? Is that necessary? And is she definitely... does she need medication?" I kind of... I personally don't really like medication.

The authority of diagnostic discursive constructions represented through the programme in explaining the characters behaviour could also be inferred through the frequent absence of descriptions of the characters previous hardships when diagnosis had been

explicitly provided, even when these were directly linked to the development of the characters mental distress by the programme. There was no mention of the car crash that Joe Wicks was involved in, or the blame that Ruth Pearce received throughout her childhood for the death of her sister, and descriptions of Stacey's past difficulties were rare. It appeared that diagnostic explanations for the characters behaviour could often override psychosocial explanations provided by the programme or make them redundant in participants' understanding of the cause of the characters experience of mental distress. The potential for diagnostic discursive constructions to override psychosocial discursive constructions provided by the programme was suggested by contrasting participant accounts where psychosocial and diagnostic explanatory discursive constructions were moved more freely between:

[Extract 17, interviewee 14, lines 40-45]

Her father had died, she lost her father, and obviously she'd, she'd been a young carer for her mother. Her brother, her older brother had mental health problems as well, because he'd been in the, I think he'd been in the army. And she was sort of trying to support him as well. And all the stress seemed to bring on all those symptoms.

However the dominance of psychiatric discursive constructions in explaining or describing the characters mental distress was sometimes evidenced on a programme level:

[Extract 18, interviewee 7, lines 192-132]

Participant: ...he'd been in care [and then]

Interviewer: [did he], had he had a difficult life in the past?

Participant: Yeah...but they didn't...they didn't really make...they didn't make this schizophrenia come of him being upset about being in care, that was just why he'd come into the family, 'cos he'd been in care.

In this extract Louise explicitly mentions that a potential area where psychosocial discursive constructions could have been developed was not used by programme makers in the narrative of the character Newt.

3.2.2.4 Humanist and moral discursive constructions

During the interviews two characters that had not received an in-programme psychiatric diagnosis were also described as experiencing mental distress, Aaron Livesy and John Stape. In retelling these storylines moral⁴ and humanistic discursive constructions were available to participants in identifying the character as experiencing mental distress and explaining their behaviour. Joan constructed mental distress through notions of guilt caused by a moral dilemma faced by Aaron Livesy following his regret at his involvement in the euthanasia of his partner:

[Extract 19, interviewee 3, lines 64-68]

But this chap, he's now feeling very guilty and he wants to die himself now because he did, in fact, help his friend to die. But that was shown at his trial and the jury got him off. But he feels so guilty because he killed his friend and he shouldn't have done, he should've fought for him. But everybody said... well the jury found it not guilty. The jury saw what Jackson wanted.

⁴ In "The Use of Pleasure" (1984) Foucault distinguishes between 'morality' as the values and rules prescribed to individuals through moral agencies such as work, family and the church, and 'ethics' as the conduct that an individual requires of themselves to make their actions consistent with the moral code and meet standards of moral approval. I have used the term 'moral' in naming this construction to signify that viewers understand the character to be motivated by the moral code that they live within, either through a desire or compulsion to act in a way conducive of it or through the distress caused by transgressing it.

The provision of programme cues that directly linked Aaron's self-harm behaviour to moral discursive constructions of guilt and self-punishment appeared to enable participants to draw on a narrative rhetorical strategy to explain his behaviour, giving it credence through being part of a detailed and consistent series of events. In the following extract Aaron's emerging self-harm is linked to his desire to punish himself for the death of his partner through being initially carried out on his tombstone:

[Extract 20, interviewee 7, lines 104-106]

Participant: to kind of punish himself he is harming himself by...erm...he purposefully made himself have a wound on his knuckles.....

Interviewer: how did he do that?

Participant: On the gravestone he like rubbed his knuckles and purposefully grazed it then he keeps making it worse so he was like using this punch-bag at work, but he didn't put any bandages on so he was making it worse

The accessibility of humanistic and moral discursive constructions as means to construct mental distress was suggested by the absence of diagnostic discursive constructions in descriptions of these characters, for example they were not referred to as 'depressed' or said to be suffering from a 'mental illness'.

3.2.3 Cues Used to Construct the Storyline of Characters Experiencing Mental Distress.

A second super-ordinate theme involved the participant's use of programme cues to retell the storyline that the characters they had identified and described as experiencing mental health difficulty were involved in. Within this area two sub-themes were developed: 'explanatory discursive constructions, sympathy and intentionality', and

‘victimisation and vulnerability’ as a category within this; and ‘constructions of treatment, recovery and medication’.

3.2.3.1 Explanatory Discursive constructions, Sympathy and Intentionality

A theme that was developed from the participants’ accounts of the story-lines’ progression was the maintenance of a sympathetic relationship with the character allowed by the diagnostic, psychosocial and humanistic discursive constructions that explained their behaviour.

In the retelling of characters whose behaviour was explained through diagnostic discursive constructions there was a sense that the ‘illness’ rhetoric of diagnosis allowed the characters’ behaviour to be separated from their initial identity as likeable characters. In the following extract David describes Stacey Slater as a ‘likeable’ character, and appears to excuse her socially unacceptable behaviour that might contradict this characterisation through two discourses. A discursive construction of ‘reason’ excuses her killing of Archie, allowed by an appreciation of her circumstance , that she had been raped by him earlier in the storyline; an alternative discursive construction is given relating to her having a ‘problem’ (used in the context of her bipolar diagnosis) that separated her as a ‘human’ from her ‘problem’.

[Extract 21, interviewee 11, lines 281-288]

I think she’s always been overall portrayed as a, kind of, a bit bolshie, but, ultimately, heart of gold, likeable sort of person and even, sort of, the way they were kind of, “Oh, she might have killed Archie, but really she had, not so much good reason, but you could understand how she got into that situation”, and the, the storyline with her and Bradley, and the way that, kind of, built up, and they portrayed her as overall human with a problem; as opposed to some sort of demon, because of the problem.

In participants' accounts of storyline progression this separation of 'person' from 'problem' was often reinforced through narratives of recovery in which the character was described as returning to their original likeable characterisation. In her description of Ruth's narrative Katie represented Ruth as returning to 'the [nice] person she was before' and being 'ashamed and sorry' about the way she had behaved due to her 'mental health problem'.

[Extract 22, interviewee 8, lines 203-210]

She went on then to be really nice like she was before, so she sort of went back to being the person she was before and was really ashamed and sorry about some of the things she'd done. And... and... and... was a really... she'd always been really nice, so you know, it was a really nice character. She'd just had some kind of breakdown, you know? And started doing... and then it turned out she had this mental health problem.

The separation of characters 'shameful' or unacceptable behaviour from their original 'nice', 'likeable' and 'human' characterisation through diagnostic discursive constructions appeared to represent a removal of intent from the character by placing agency within the 'problem' rather than the 'person'. This construction of characters as lacking intent or agency due to a diagnosed 'mental health problem' was reinforced as a theme by other descriptions of the characters as lacking cognisance. George described Stacey and Jean Slater as not thinking where other people would:

[Extract 23, interviewee 6, lines 116-118]

they acted in their own way,. They just... I mean, like, where someone would think about doing something, when the... They'll just do it. They wouldn't think about it twice

Libby also described Stacey being portrayed as having similarly incognisant qualities:

[Extract 24, interviewee 5, line 20]

She wouldn't know what she was doing. It was like she couldn't remember anything.

Alternatively Aaron Livsey and John Stape, characters whose behaviour was explained through humanistic or moral discursive constructions appeared to be represented as intentional throughout descriptions of their storyline, whilst still being related to sympathetically. For Louise John Stape's portrayal as having the moral intentionality of wanting to help a person he loved provided a source of sympathy, of his being a 'goodie'.

[Extract 25, interviewee 4, lines 415-425]

like he was always a goodie in a sense, because you know, he didn't mean to do any of it, and even when he came back he wasn't coming back to hurt anyone, he was coming back to still try and clear her name. So it was like kind of this fighting between - and like a lot of the other characters in the soap you know, called him all the names under the sun and thought he was this evil person that actually like as the viewer who kind of sees the whole picture, you know that he - or maybe it's just me, I don't know - you know that he is, he's still trying to, all the time he was trying to do good. Everything he did that was irrational and led him to crime it was all because he loved her, or he wanted to help this person, so yes.

In describing John Stape's circumstances being the source of his behaviour, Louise appears to appeal to a category entitlement of viewership, of being privy to the 'wider picture' that characters within the programme are not aware of.

There was a sense that the programmes explanation of the characters' behaviour through humanistic and moral explanatory discursive constructions and the associated intentionality that was assumed from this allowed participants to be more involved in the characters subjectivity. The motivations of Aaron Livesy and John Stape were frequently described through an emotional or cognisant rhetoric, for example the 'guilt' and desire to 'punish' himself described of Aaron in extracts 16 and 17, and the moral motivation of John Stape in the previous extract. By contrast the characters of Ruth, Newt, Joe and Stacey were described with a more objectifying rhetoric, through their actions and behaviour rather than thoughts and feelings.

3.2.3.1.1 *Victimisation and vulnerability*

A category that was developed within the sub-theme of sympathy and intentionality was of the victimisation of the central character through their experience of mental distress. June described that Stacey was the victim of a rape during her portrayal of bipolar disorder, and although later revealed to be hallucinatory Newt is described as being convinced to kill himself by a girl by Vanessa in extract 24. The following extract is an example of this:

[Extract 26, interviewee 8, lines 68-76]

even though some of the things she did were scary, you really wanted her to get better and you really liked her, and... and you felt really sorry for her, because the person who she'd sort of taken over their identity, the girl that she'd taken her identity off, was really mean to her when she realised, and didn't want her to go back to work... work in the same practice, and... it was really sad. You felt really sorry for her. You definitely leaned more towards her than the person who she'd actually stolen the identity off.

Ruth's ill treatment by another character due to her behaviour through her diagnosis of 'schizophrenia' had the effect of making Katie 'feel sorry for her' and supporting her, seeming to allow her stealing the identity of another character to be excused through the portrayal of that character as being 'mean' to her, placing this character as an antagonist and Ruth as a victim by comparison.

3.2.3.2 Constructions of Treatment, Recovery and Medication

The retold storylines of all five characters that had received an in-programme diagnosis followed a similar theme throughout many of the interviews. Characters would initially resist the opinion of people around them that they had a mental health problem, often including medical expert characters; the character would then accept this label, often after a crisis that led to them being involuntarily hospitalised under section; medication would be prescribed and taken by the character leading to their behaviour returning to how it was before the portrayal of mental illness; the character would then stop taking their medication, leading to another crisis due to the return of their 'symptoms', before starting medication again leading to their 'symptoms' reducing and their wellbeing improving. George gave a description of Stacey Slater's portrayal that contains many of these elements. In this description Stacey is described as being on a 'destruction trail'; it is her mother that is portrayed as recognising her as having bipolar and taking her to the doctor and being complicit in her confinement to hospital, Stacey is non-complicit throughout inferring her disagreement with the opinion of her mother and the doctor. Stacey is then described as taking her medication implying that she has accepted the opinion that she has bipolar. George then describes her stopping medication because she is 'feeling fine', which has a 'backwards effect' implying that she was represented as naïve by the programme for doing this.

[Extract 27, interviewee 6, lines 275-287]

She was going out at nights getting drunk, going back, sleeping with everyone. It's like, it wasn't her and then once her Mum...her Mum actually got booked her in and took her to the doctor, to the clinic and got her sectioned. I think she did get her sectioned initially because she was on a destruction trail and then after, they got back together. She...the doctor said...to her Mum she hated her for doing that, but then once that she came...she was on the medication, came out, she was alright, but then after a few weeks she thought she was fine. So what do most people do when they're...when they're feeling fine? They try and stop taking medication, which had a backwards effect, so things, you know... It just shows, like, certain medications are for life.

All characters that stopped taking medication were described through programme cues that suggested naivety in doing so. In one interview reference was made to the programmes representation of sexual side effects as a reason for Newt stopping medication, however this led to his life being endangered, suggesting that the effects of stopping medication were more adverse than those of being on it:

[Extract 28, interviewee 7, lines 50-61]

Participant: he's getting on with his life and also the drugs had like side effects so he wanted to come off them because of the side effects

Interviewer: What kind of side effects?

Participant: Erm I think they were like, affecting him like sexually...

Oh okay...and he'd met a girl that he liked?

Participant: Yeah yeah...

Interviewer: ...okay...

Participant: I think that was the main reason why he came off it 'cos he was having trouble and yes he came off it but then he met this girl and she was a bit strange and erm she talked him into trying to kill himself,

Interviewer: Okay

Participant: And he went to this derelict building, went up and it had like a canal by it and went up to the top of the building, she said "if you love me you'll jump with me".

The programme cues used in the retelling of these storylines appear to privilege discursive constructions of medical expertise and treatment as essential to the characters recovery. These narratives have the corresponding effect of subjugating the dissenting opinion of the service-user characters as naïve through the effects of rejecting the medical understanding and treatment of their experiences being deleterious.

3.2.4 Constructions of the Soap Opera Genre in Relation to Mental Distress

Storylines

A third super-ordinate theme that was developed was 'construction of the soap opera genre in relation to mental distress storylines' by participants. This theme was composed of the sub-themes of 'soap operas having social import'; 'soap opera portrayals of mental health difficulty as produced'; and 'realism, research and respectful portrayal'.

3.2.4.1 Soap operas as having social import

A central theme that emerged during the interviews was the participants' representation of mental distress story lines as having social import, that the subject matter of mental

distress was one that affected people in society, and that the portrayals had the potential to affect people experiencing this positively and negatively. This was explicitly mentioned by Robert in the following extract:

[Extract 29, interviewee 18, lines 314-321]

I just, I just felt that there are some storylines, you know, some subjects, I think, that obviously people in real life suffer from and they're touched by them, and you would like to think that they might deal with it in a way that would be sort of helpful or help people that, you know, hadn't really thought about it before, to understand it a bit better, or something like that. But it felt like they just went in the ridiculous, you know, and it just became a bit of a circus.

In this extract Robert represents mental distress storylines as reflecting the experience of people in 'real life' and the potential for them to help or hinder these people through the portrayal. Robert represents a 'good' portrayal as one that might help people 'understand' mental distress; his description of the portrayal as 'ridiculous' through being a 'circus' has connotations of voyeurism and exploitation. These associations of what represented an appropriate portrayal occurred throughout the interviews. The social import of the storylines was often represented through the participants articulation of 'respectful portrayal' as a way that the storylines were evaluated:

[Extract 30, interviewee 3, lines 189-191]

I don't think I've seen very many occasions where anything was derisory or anything like that, you know, where the people were making fun of them.

The above extract is an example of a common way in which participants described what they would find unacceptable in a portrayal, through the character being made a figure

of fun or derided. There was a sense that the social import assigned to mental distress storylines required them to be separated from other storylines:

[Extract 31, interviewee 9, lines 323-327]

you've probably got pointless drama on one hand, sometimes, you know, when you just kind of watch it and you think, oh, fine, then you've got storylines like mental illness and... you know, they've addressed the Asian kind of issue and, you know, the gay, like Syed and Christian being gay

In this extract 'mental illness' storylines are associated with other storylines of social import surrounding culture and sexuality, and contrasted with other storylines which are represented as 'pointless drama'. Throughout the interviews there was a sense that mental distress storylines had to be constructed as 'more than' drama to be acceptable. Participants sometimes made reference to their understanding of the reputation of soap operas being tawdry or 'light' entertainment:

[Extract 32, interviewee 3, lines 147-152]

The script and the storyline; they're brilliant, they really are brilliant. In fact, it's a shame to call them soap operas because there's a lot of good work goes in to those, I think. And, you know, if you say to people, oh yes, I watch Eastenders or I watch Emmerdale ((laugh)) well, they're basically very good stories. They went through a stage of being stupid stories but they are basically very sound and they do handle quite difficult subjects

In this extract Joan defends the storylines and script as 'brilliant' against the inference that their reputation is otherwise, it being a 'shame' to call them soap operas inferring that the genre carries associations with 'stupid stories' and derision by others who might not watch soap operas. The genre is lent credibility through describing the 'sound'

handling of 'difficult' subjects. The representation of mental health storylines and the soap opera genre as other to 'pointless drama' and 'stupid stories' suggests an inoculative discursive strategy against potential accusations of a subject with social import being used unacceptably for entertainment or 'making fun'. This notion was continued through the participants' construction of soap operas being a produced media.

3.2.4.2 Soap opera portrayals of mental distress as produced

Throughout the interviews reference was made by all participants towards soap operas being a produced media. This was sometimes implicit, for example through the rhetorical practice of describing the storyline as a portrayal by the program rather than retelling the storyline itself, demonstrated in this sentence from extract 2 through the use of 'they portrayed' as a frame for the description:

[Extract 33, interviewee 11, lines 70-72]

So basically they portrayed her as very licentious, very wild and going out getting drunk, self-medicating I guess, able to kill somebody,

In other interviews participants represented their understanding of the media as produced through referring to elements of the storyline as unrealistic; the description of portrayals as being extreme or un-nuanced was the most common way in which they were described as unrealistic:

[Extract 34, interviewee 18, lines 228-233]

Well, probably, probably that you're not showing us the full range. I mean you're not showing the whole story, but only showing the most dramatic and the most bizarre. So, in that sense, it would be a bit of a sort of, the tabloid approach to the story telling, that you ignore the, ignore the detail, you ignore the, the whole canvass, and you just go for primary colours and broad strengths.

In this example Robert speaks as if to a programme producer, saying that they are showing him an altered version of reality which is biased towards the 'bizarre' and 'dramatic', and lacks nuance in its use of 'primary colours'. This use of 'drama' is contrasted against 'realism' in causing the 'detail' to be ignored. Within the context of the social import of mental distress storylines Robert went on to describe a potential economic producer agenda for dramatic portrayal in increasing 'audience share'.

[Extract 35, interviewee 18, lines 336-340]

And, at the same time, it mustn't just be, you know, hysterical, really. And, and mustn't use ... I just find it, would find it incredibly disrespectful to use mental health in a way just, just for, just to ramp up some kind of drama and get, gain audience share.

This extract echoes notions of social import and the necessity for 'respectful portrayal' through Roberts assertion that he would find it 'disrespectful' for producers to 'use mental health' towards their own agenda, potentially to the deficit of people experiencing mental distress. These extracts appear to represent a dichotomy between portrayals as dramatic/disrespectful and realistic/respectful that appeared to develop throughout the interviews. This extract suggests that participants' articulation of the soap opera being produced might represent a rhetorical inoculation in separating themselves from potentially exploitative dramatic elements of the storyline through showing awareness of them, demonstrating that they are not complicit with any exploitation of mental distress through 'drama'.

Some participants appeared to use a different rhetorical strategy to manage their understanding of viewing a storyline with social import that was being dramatized with the agenda of gaining viewing figures:

[Extract 36, interviewee 8, lines 415-512]

So I think they have to be the extremes. Because I'm sure that quite a lot of people's lives are quite boring compared... you know, in general. Compared to people's lives in soap operas, aren't they? So I'm sure they only pick the most interesting bits to show, or they dramatise them quite a lot to make them... to make people want to watch them. But I do think that they also give information to people who might have seen things... or seen people with mental health problems in a different light.

In this extract Katie appears to manage their involvement with a dramatic agenda to gain viewing figures by constructing this as socially responsible rather than exploitative through attracting viewers to a story which can positively change social attitudes.

During the analysis the association between realistic portrayal and respectful portrayal was further developed through the participants' construction of the portrayals as realistic. The central way that the portrayals were constructed as realistic was through notions of their having been researched by the programme makers.

3.2.4.3 Realism, Research and Respectful Portrayal

Within the context of 'drama' representing potential exploitation of the subject of mental distress, and 'realism' representing a respectful portrayal by contrast, a central way in which realism was defined was through assumptions of the storyline being researched by the programme makers.

[Extract 37, interviewee 8, lines 220-226]

You just hope that they have done some research. And I think in general, that soaps do take... try and be as realistic, you know of... from what I've sort of heard or seen when cast members have been interviewed by, you know, people

like Jonathan Ross or Lorraine Kelly in the morning, they usually talk about all the research that they've done into it, and the people they've talked to. So you kind of hope that it is realistic.

In this extract Katie represents realism and research as desirable, as something that she 'hopes' for. The storyline having been researched is constructed from cues given by actors involved in the programme in stating the research that they have done towards the portrayal. In the following extract Katie also judges the quality of the storyline through its recognition by industry awards. Although these are general awards they are assumed to be because of the storyline involving Ruth's character.

[Extract 38, interviewee 8, lines 382-386]

I thought the Doctors one was absolutely fabulous. And it was absolutely gripping and I know that they won quite a few awards in the soap awards that year... you know, last year, because of that storyline probably. So... so I don't... I can't imagine what they could have done. To make it better.

In the following extract Mandip explicitly associates the realism of the portrayal with how respectful she perceives it. This extract suggests an assumption that research equates to realism that appeared to occur throughout the participants association of research, realism and respectful portrayal. Notions of realism often appeared essentialist, that there was a certain 'reality' underlying mental distress that could be invoked in the portrayal through research, and that this equated to respectful portrayal. Mandip's articulation that she does not 'know anyone' who has had similar experiences to Stacey Slater, yet assumes realism and the programme being researched could be seen as demonstrating that realism could be defined without recourse to evidence from 'reality', and instead assumed from notions of 'research'.

[Extract 39, interviewee 9, lines 485-513]

Participant I say respectful in the sense that if I... If... I think just in the sense that I think it was quite real, you know, it was, you know, yeah I guess there was some tough stuff like, like I said, her sort of being quite promiscuous and stuff like this and I think it was, it seemed quite real. I can't, I guess I can't say because I don't know anybody... I can't sort of relate to a...

Interviewer That's interesting, I was wondering like, 'cos somebody being, somebody being portrayed as promiscuous, some people would find, if they were being made out to be promiscuous, some people would find that quite disrespectful. And I was wondering...

Participant Oh, absolutely.

Interviewer ...what was it about the storyline that made that seem quite respectful?

Participant I mean I don't think sort of necessarily, I guess not necessarily that being respectful, but I guess I mean respectful in the sense that, I felt that, , somebody's obviously done some research, I think I read an interview with, with, the girl who played Stacey, and she sort of said that she'd , she'd sort of spoken to people who, were in that position and she'd sort of, she'd really looked into it, because , for her as an actress... Because I think she, she won quite a few awards for it and stuff, I think her as an actress, she wanted it to be realistic. So absolutely, the promiscuity side of things, yes that, ... If someone's bipolar and they're watching and, I can imagine that they could be like well, this isn't, this isn't what everybody who's bipolar is like, but then to a certain extent that's the same with, with a lot of things.

This extract suggests that constructing the storyline as realistic through notions of research may have a rhetorical function in inoculating the participant against accusations that they are engaging as a viewer with a disrespectful or derisory portrayal of mental distress. Although Mandip acknowledges the potential for the portrayal to be seen as derisory, the idea that it is researched appears to present it as acceptable through representing reality, the 'realism' through research appears to supersede any offence that might be caused by the portrayal in evaluating how respectful and acceptable it is.

3.2.5 The Construction of Viewing Practices Involved In Mental Distress Storylines

The fourth super-ordinate theme that was developed was 'the construction of viewing practices involved in mental distress storylines'. This theme was comprised of three sub-themes: 'entertainment'; 'viewing as an educative practice'; and 'wanting to see what will happen next'.

3.2.5.1 Entertainment

Entertainment was constructed as a potential viewing practice in several ways throughout the interviews. For June 'entertainment' represented 'laughing at' mental health, echoing the theme of storylines being potentially exploitative of people experiencing mental distress. This construct of entertainment appears to position mental distress as separate to other storyline topics for which 'comedy elements' are legitimate.

[Extract 40, interviewee 14, lines 266-270]

Interviewer: And what was ... it may sound like, it may sound like an odd question, what did you, if you watch soaps for entertainment, what did you find entertaining about the Stacey Slater storyline?

Participant: I wouldn't say I find anything entertaining about that, definitely not, because mental health is not something you can laugh at. But I would say the other elements of Eastenders, and other soaps, they have the comedy elements of them, you know, they're, they provide the entertainment.

Several participants described humour as an unacceptable element of a mental distress storyline; Sarah contrasted a 'sympathetic' portrayal with a 'jokey' one in describing her judgement of the Stacey Slater storylines quality:

[Extract 41, interviewee 16, lines 79-82]

Interviewer: Was she, was she portrayed sympathetically? What kind of light do you think she was portrayed in?

Participant: I actually think it was a really, really good one. It wasn't done in a jokey manner, not in any sense at all

In these extracts 'entertainment' could be seen as being constructed as unacceptable exploitative humour as an inoculative discursive strategy in which participants protect themselves from an unsaid but assumed criticism that mental health storylines 'make fun' of people experiencing mental health difficulty. A contrasting strategy that was developed from several interviews was the legitimisation of dramatic elements that serve the viewing needs of the audience rather than people identified as experiencing mental distress through notions of genre necessity. Katie positioned dramatic and extreme elements of mental distress portrayal as an unavoidable necessity of the soap opera genre, in which dramatization was legitimised through it being a general feature of soap opera portrayals.

[Extract 42, interviewee 8, lines 411-413]

Participant: Well I'm sure they do. Because I'm sure the... a lot of mental health problems are not that interesting to watch in a soap opera, unless they are quite dramatic.

Interviewer: Oh, okay.

Participant: So I think they have to be the extremes. Because I'm sure that quite a lot of people's lives are quite boring compared... you know, in general. Compared to people's lives in soap operas, aren't they? So I'm sure they only pick the most interesting bits to show, or they dramatise them quite a lot to make them... to make people want to watch them.

A contradiction to the construction of 'entertainment' as exploitative in mental distress storylines was represented by Tamsin. While Tamsin does construct 'entertainment' as a function of her own enjoyment as a viewer of Stacey's behaviour, it appeared that 'entertainment' and 'excitement' represented her support of Stacey's behaviour as justified irreverence.

[Extract 43, interviewee 4, lines 225-236]

Participant: To be honest, like with the Stacey one, it was entertaining. Because she was just... yeah, she was just such a strong character, and was doing lots of extreme things and it was kind of quite exciting. In a way.

Interviewer: What was... can you say a bit more about that? What was kind of entertaining and exciting about it?

Participant: She was just... she was quite funny, and she would just do... I was just going to say, "Just do crazy things", but that doesn't really help you,

does it? I don't know. Just the way she was and her attitude, and it just... you kind of... she didn't have... like she hadn't had a very easy life. And you kind of like were just, "Oh, good on you, Stacey", or whatever. You know?

This contradiction suggests that participants' willingness to derive humour or excitement from the portrayal of mental distress is linked to their understanding of its origins and implications. In June and Sarah's interviews mental distress had been constructed as an 'illness' that the character had become affected by, leading to undesirable behaviour that was beyond the characters control, positioning any viewer pleasure through humour derived from this as exploitative; throughout Tamsin's interview Stacey's behaviour had been queried as appropriate given her difficult circumstances (see extract 16) and was able to be positioned as acceptable or even worthy of support, allowing a 'laughing with' rather than 'laughing at' position.

3.2.5.2 Viewing as an Educational Practice

3.2.5.2.1 Viewing soap operas as an educational practice – education as socially responsible

The majority of interviewees described becoming better informed about mental distress as a reason for viewing soap opera portrayals of mental distress. This was sometimes constructed as a practice that would allow mental distress to be recognised in themselves or others, leading participants to be able to help others, or for others to help them. Sarah represented the Stacey Slater storyline as having a role in raising awareness of mental distress in viewers, allowing them to recognise or acknowledge this in real life. It is implied by Sarah that mental distress is something that people might consider to be 'made up' and that soap opera portrayal can challenge this.

[Extract 44, interviewee 16, lines 345-352]

you might have the classic symptoms of mental health, or someone you know might have them, but you either don't recognise them or don't want to acknowledge them, but if they're shown on screen, then it's kind of bang, it's like you have to acknowledge it, and so do the people around you. So they can relate to that, think, oh well, do you know, this person has this. They'll know that it's not just made up and that it does actually need help.

The construction of viewing as educative and enabling the participant to potentially help others represents an ethical⁵ rhetoric that positioned participants as viewers carrying out a socially responsible task by engaging with the storyline. In the following extract Anna constructs the Stacey Slater storyline as not only educative for her, but important for challenging prejudice on a social scale. This not only allows the storyline to be positioned as having a socially responsible function, and viewing as a socially responsible practice, but Anna is positioned as understanding in contrast to an assumed audience of people that are represented as prejudiced.

[Extract 45, interviewee 10, lines 423-429]

I guess it kind of gives you a better understanding of something, you know, because there'll be people who watched it who didn't know what bipolar was, and you know, maybe have sort of certain prejudices about it or whatever and, you know, you hope that, you know, because of the way that they handled it, you know, you hope that, you know, those people sort of maybe think of it in a different way

⁵ In using the term 'ethical' I refer to Foucault's (1984) description of ethics as a process of monitoring, testing, improving and transforming undertaken by individuals in relation to socially prescribed codes of action. In this context I use the term 'ethical rhetoric' to describe a rhetoric by which viewers take an ethical position, negotiating their viewership with their subjective understanding of socially prescribed codes of acceptability.

The prominence of constructs of viewership as an educative practice within an ethical rhetoric of helping others, and the resistance of participants towards their viewing having a self-service ‘entertainment’ function suggests that participants felt it necessary to justify their engagement with mental health storylines as socially responsible. This potentially reflects the high profile of anti-stigma campaigns and challenges to discriminatory attitudes that have developed through civil rights discourses. Joan referred to historical notions of the misuse of psychiatric facilities when describing the dangers of unsympathetic portrayal:

[Extract 46, interviewee 3, lines 312-316]

I like to see it being sympathetically dealt with. I like to see that there are people who can get help and are offered help without it being derogatory.

Because I think this is the, the danger that people think, you know, they used to talk about bedlam, well bedlam was the, the, the... I mean they used to put young women who had babies in to those homes

A further theme that was developed from the interviews was of the programme including cues that promoted the importance of becoming informed about mental distress in helping people experiencing it. The following extract from Sarah’s interview describes cues within the storyline regarding Jean Slater’s struggle for Stacey’s ‘bipolar disorder’ to be taken seriously, having to ‘beg’ for help. This mirrors Sarah’s construction of education as an important function of viewing and its role in noticing mental distress and helping those experiencing it in extract 44.

[Extract 47, interviewee 16, lines 146-151]

She was absolutely desperate for help, as any parent would be in that situation. She was begging people for help, she pretty much begged the authorities to section her daughter because she knew what it was doing, and she knew what it could do. She was also begging her family members for help, but I don't think the family members took it that seriously.

This suggests that mental distress storylines themselves can be structured in a way that reinforces the viewer's reason for watching them, presenting becoming informed to the viewer as a socially responsible practice that can be fulfilled through viewing the storyline. As well as being motivated by raising awareness and challenging stigma the inclusion of these cues could also have a commercial function in maintaining on-going viewership through notions that not viewing might be socially irresponsible.

3.2.5.2.2 Viewing soap operas as an educative practice – social comparison

Mandip constructed her viewing practice as educative for an alternative reason to the social responsibility suggested from other interviews. Speaking as someone who had personal experience of mental distress Mandip referred to soap opera portrayals as informative with the function of comparing the characters experiences to her own experiences, and learning how the family and friends around her may have been affected by her own experiences through these portrayals in the storyline.

[Extract 48, interviewee 9, lines 376-385]

it's quite nice to sometimes watch, you know, how other people deal with things, or how other people perceive things and whatnot. So maybe that was a part of it for me that, you know, watching programmes, not only Eastenders, probably anything, it's quite good to see and you're getting a lot of knowledge out of

watching programmes, don't you, so it's just good to see how other people do deal with things and react to things and how it affects family and friends around you.

This function was echoed by other interviewees that had described receiving a label of mental health difficulty or had otherwise described personal experiences of mental distress. This suggested that a use of mental distress storylines allowed through their construction as informative was social comparison, a process by which participants developed ideas around their own experiences through watching those of others, a process first outlined in Festinger's (1954) social comparison theory.

3.2.5.2.3 Wanting to see what will happen next

During the interviews a common reason for watching soap operas was the driving force of the narrative, or 'wanting to see what happens next'. This was often described as having an addictive quality inherent in the storytelling, for example in David's description that even people who do not like soap operas would be 'pulled in' to the narrative.

[Extract 49, interviewee 11, lines 299-305]

I have this thing, where I think that, even the most avid anti-soap people, if you forced them to watch a week of most of the soaps, there'd be something in there that would grab their interest enough to make them think, "I want to know what happens to this character or that character, or that situation, so they're very, very clever in that respect - that they will pull you in.

'Wanting to see what will happen next' appeared to be represented predominantly through the participant's description of the concern that they had for the characters wellbeing, and their desire to see a character that they felt sympathetic towards have a

positive outcome. Katie described the attachment she felt towards Stacey Slater and her hope for a positive outcome for her, made jeopardous through genre expectations that positive outcomes are not assured.

[Extract 50, interviewee 5, lines 401-410]

if you've been watching a soap for a long time as well, and you're quite attached to the characters anyway, so you know what everyone does. So if they're going through something quite painful you kind of want to watch it and just want to see them come out of it, you just think, oh, I hope the storyline goes this way, or I hope there's a really positive kind of outcome from this; you don't want it to be... you don't want it to be a sad outcome, you want it to kind of be a positive outcome. But, you know, sometimes there isn't a positive outcome and it is a worse one, it's quite sad.

‘Wanting to see what will happen next’ in these extracts appears to be a justified reason for engaging with mental distress storylines through the idea that the participant does not have a choice but to engage with them, that this is a ‘clever’ element that programme makers are responsible for; this places the programme makers as responsible for the participant’s viewing. The participant’s position of concern for the character and the suspense created through the hope that they will have a positive outcome also allows participants an ethical position as a viewer from constructing this viewing practice.

DISCUSSION AND CRITICAL REVIEW

In this section I will revisit the aims of the research and research question, and discuss these in the context of the analysis. I will also evaluate the research along the quality guidelines set out in the methodology, and make suggestions for implications on future research and soap opera portrayal of mental distress. I will begin by discussing how the analysis relates to the research questions that were developed from the introduction and literature review.

4.1 Revisiting the Research Questions

4.1.2 Revisiting The Research Question: How Do Viewers Construct Mental Distress From Soap Operas Produced In The United Kingdom?

Exploring the construction of mental distress from an audience perspective allowed an analysis of both the features that defined mental distress for audiences, but also consideration of how these features were made available to them. The two major themes that mental distress was understood within by audiences were diagnostic notions of 'mental illness' and humanist notions of emotional distress through life hardships. The homogeneity of the programme cues that were used by participants in describing these suggests that they were particularly powerful in communicating these understandings to viewers. The influence of programme cues involving explicit diagnosis, medical characters and medical procedures such as medication and hospitalisation is consistent with Boyle's (1999) argument that diagnosis is legitimised through the weight of authority given within western culture to the scientific-medical discursive constructions that diagnosis pertains to. A finding of the effect of these diagnostic cues was that other factors that might diversify the understanding of the characters distress appeared to be absent from the participants retelling; while contextual and psychosocial factors appeared to be included within storyline synopses and appeared to a lesser degree in the

interviews, they were largely absent. This suggests that the availability of diagnostic cues to the participants made other understandings redundant or unavailable, although it is difficult to determine whether this is due to the cultural availability of diagnostic understandings or how available alternatives were made by the programme without doing a concurrent content analysis; this would be an interesting possibility for future research. Where an in-programme diagnosis was not given participants readily gave accounts of mental distress that linked the characters context of lived experience to their subjectivity of emotional distress or moral turmoil. There is research evidence that humanistic accounts of mental distress are more prevalent than diagnostic accounts in the general population (Bentall, 2004), and this was evident in the absence of diagnostic language used in the retelling of these portrayals. The authority of these humanistic accounts appeared to be derived from the provision of consistent and detailed narratives by the programme that linked the characters context to their experiencing of distress; consistency and detail has been linked to the acceptability of narratives to recipients (Gergen, 1998) and the availability of such narratives to audiences could be utilised by programme makers wishing to diversify their audiences understanding of characters in storylines where a diagnosis is given.

Mental distress was frequently identified through socially undesirable or inappropriate behaviour, including a progression to dangerousness. In the examples of diagnostically understood characters this was accompanied by a cue of incomprehensibility.

Incomprehensibility appeared to be constructed by participants through the unavailability of programme cues that would place the characters behaviour within their social context. This lack of context appeared to reinforce the diagnostic understanding of the characters mental distress; this is consistent with Coulter's (1979) analysis that designations of mental illness or insanity are made primarily through the infringement of socially determined norms of intelligibility, rather than the objective and scientific

processes that are inferred through diagnosis. The decontextualisation of distress and behaviour through diagnosis has been argued to promote ideas of unpredictability, irrationality and dangerousness to the public (Read and Law, 1999) and this is apparent in the themes of incognisance, unpredictability and descent into dangerousness described by participants. The construction of mental distress from portrayals through markers of social unacceptability, dangerousness and unpredictability that are widely researched as being a source of stigma is at odds with the anti-stigma agenda that has been used by producers to promote these storylines, and with the participants' construction of these storylines as functioning to challenge stigma. One way in which these portrayals appear to have been made acceptable is through their being presented as a narrative of recovery. The prominent story arc of recovery through diagnosis and medication in the participants description of the storyline presents a narrative of the characters redemption rather than demonization, legitimising their negative portrayal when 'ill' as a temporary state of affairs that they can be absolved from. This is consistent with Ingelby's (1982) refinement of Coulter's analysis, that medicalised understandings of unusual behaviour as undesirable are legitimised by their claims towards the 'treatability' of these.

These 'redemption narratives' appeared to take the form of a cautionary tale warning against dissenting from medical authority. Medical understandings given by the programme represent a formal problematisation of the characters difference; characters are then portrayed as naïve when they dissent from this authority by disagreeing with the diagnosis and not taking medication through the deleterious consequences this causes for them, including distress, social exclusion and hospitalisation; the character is then rewarded for conforming and taking medication by being accepted back into the status quo. This presents the diagnostic understanding portrayed by the programme as 'correct' and the characters dissent from this as naïve to this correct understanding,

reflecting the notion of ‘insight’ within psychiatric discursive constructions (McEvoy, 1998; McGorry & McConville, 1999). This appeared to represent a powerful programme cue that made participant disagreement with the diagnostic portrayal of mental distress and its treatment by the programme difficult, as to disagree with the diagnostic construction would position the participant as being against the characters recovery. Within these narratives people experiencing mental distress are portrayed as tragic characters, helpless to change their own fate while medical authorities are heroised as offering them redemption. Research has suggested that individuals who understand their distress diagnostically experience greater helplessness in directing their own recovery (Farina et al., 1978; Fisher and Farina, 1979), and these storylines could be seen as promoting notions that individuals with a diagnosis are helpless to direct their own recovery.

Alternative research has suggested that individuals reject diagnostic understandings for personally valid reasons, and that reaching a personally meaningful understanding of their experiences can be empowering and indicative of recovery (Corrigan, 2002). By representing disagreement with medical authority as valid, and promoting the importance of individual explanations of experience soap operas could portray characters experiencing mental distress as heroic in having personal agency in overcoming their difficult situation, promoting ideas that have been demonstrated by research literature to encourage recovery. A counter argument to this is that portraying difficulties with services and treatment as valid might dissuade viewers from approaching services and seeking help (Vogel, Gentile & Kaplan, 2008). A balanced portrayal of both the help and dissatisfaction found in services and treatment by service users might avoid stigmatising the decisions of service users as naïve whilst portraying services as approachable, perhaps through storylines in which service user dissatisfaction is respected and addressed by service providers.

Diagnostic explanations of the characters behaviour allowed participants to maintain sympathy for them through attributing their behaviour to their condition, and removing blame through notions of their lack of agency and cognisance. This supports arguments that attribution of unusual behaviour to a biological disorder can remove blaming attributions to poor character or lack of “morality” (Corrigan et al. 2002). However interviewees that described humanistically understood characters also excused their behaviour through describing their motivation and agency as morally motivated through understanding it within a rational, social-relational context. This finding supports evidence that reframing unusual behaviour as understandable reactions to life events or attributing it to psycho-social factors can reduce blame and social rejection (Morrison, 1980; Read and Law, 1999). The suggestion that both explanatory discursive constructions can be equally effective in reducing blame and rejection in television portrayals of mental distress raises the question of whether diagnostic portrayals of mental distress are the most effective way of challenging stigma through television portrayals given the evidence that biological understandings of ‘mental illness’ can potentially suggest a lack of control and predictability (Read and Law, 1999). The effectiveness of the soap opera format in presenting detailed and believable accounts of the characters subjectivity and purpose suggests that they might be well placed to take this approach.

4.1.2 Revisiting the Research Question: How Do Viewers Construct The Realism Of Mental Distress Portrayals In UK Soap Operas?

This question was asked to explore the ways in which presentations of mental distress might be accepted or resisted by viewers, within ideas of audience response.

Civil rights discourses and anti-stigma campaigns have promoted social attitudes that mental distress is an experience that should be treated with understanding, tolerance and

sympathy; these attitudes are reflected in the 2011 DoH survey that reports an increase in positive and inclusive attitudes towards 'mental illness'. The late 20th century has also seen the emergence of post-modernist discourses towards the media in which realist genres such as news programmes, soap operas and documentaries are understood as produced and influenced by producer agenda (Firat and Venkatesh, 1995). These attitudes appeared to be reflected in the participants' description of mental distress as a topic that must be portrayed in a way that would be helpful to people experiencing mental distress; this cast the portrayal of mental distress in a way that might serve audiences for entertainment or producers financially as potentially exploitative and unacceptable. Realism in this respect had a rhetorical function for participants in separating themselves from exploitative agendas; a realistic portrayal was constructed as one that has not been tampered with to suit agenda. Articulating their awareness of the produced nature of the programme allowed participants to demonstrate that they were not complicit with any producer agenda in the portrayal, and positioned them as able to discern the acceptable 'realistic' elements.

Presenting the portrayal as 'researched' and part of an anti-stigma agenda appeared to be a way that soap operas had promoted their mental distress storylines to viewers as realistic and thus non-exploitative, allowing participants to legitimately participate in their viewing. These notions of realism were reinforced by participants understanding of the soap opera genre as 'true to life'. The promotion of storylines as non-stigmatising through notions of reality and research raises a number of implications. One implication that could be seen during the analysis is that audiences will accept portrayals presented as realistic with no other means to verify the authenticity of these representations, for example through personal experience of mental distress. This might allow stigmatising portrayals to be not only found acceptable by audiences, but to be accepted as realistic representations of mental distress. This raises particular concerns

of tokenism in programme makers' promotion of storylines as having been researched. The expectation of programme makers to portray mental distress storylines realistically increases the likelihood that they will make claims towards research as part of their advertising or public relations campaigns. The influence of research is assumed by viewers who have no way of verifying the credibility of this research or the way it has been implicated in the storyline, and may have little desire to challenge a rhetoric that legitimises their viewing. Although research may be done by people involved in the programme, there is a question of its implementation; having done research does not mean that the implementation of this is free from agendas to entertain audiences. Interestingly many of the attributions of research in the interviews were made to actors, for example in describing the actor Lacey Turner (playing the character of Stacey Slater) promoting the research that she had done to play the role; while this might influence how the role is acted it does not have any bearing on how the storyline might be written.

Another implication of the promotion of realism as non-stigmatising by soap opera producers is the essentialist good/accurate, bad/inaccurate dichotomy that this creates. This dichotomy was described by Pollack (1977) in studies of media representations of minority groups during the 1970's and criticised by Harper (2012) as potentially limiting critical interaction between audiences and television portrayals of mental health and restricting their dissent from representations that they do not find helpful. It is possible that the presentation of mental distress storylines by soap opera producers as realistic, researched and part of an anti-stigma campaign may not be as helpful as simply portraying diverse representations of mental distress that audiences are free to criticise, support, agree or disagree with; rather than presenting mental distress as something that must be thought about in a certain way, this approach might promote discussion, thought and interest.

4.1.3 Revisiting the Research Question: How Do Viewers Construct Their Viewing Practices of Mental Distress Storylines In UK Soap Operas?

Previous literature relating to the uses and gratifications model has suggested that a viewer's use of different forms of media and the function that it fulfils for them can influence the meaning that they take from it. In this study the major theme that emerged relating to the viewing practices fulfilled by mental distress storylines was that of education, or becoming informed about mental distress. This theme is consistent with the legitimisation of mental distress storylines by programme makers and viewers as 'realistic' and 'researched', forming an anti-stigma rhetoric of the storyline functioning to 'raise awareness'. However in promoting mental distress storylines as educative and awareness raising, and offering this as a way in which viewers can gratify their viewing as socially responsible, programme producers risk separating people experiencing mental distress as quantitatively different from those that are not. Mental distress is not only presented as something that is identifiably separate, the identification of mental distress is presented as a socially responsible act. Historically the 'mad' have been separated from the 'non-mad' (Foucault, 1964), and it has been argued that this need to create social and psychological distance between something that has connotations of dangerousness and undesirability is even more prevalent in the modern context of deinstitutionalisation where the boundaries are no longer obvious (Gilman, 1982 cited in Cross, 2004). There is a danger that the apparently anti-stigma rhetoric of 'raising awareness' may serve the stigmatising purpose of creating distance and distinction between people labelled with mental health difficulties and those who are not. This can be inferred through the programme narrative that dominated the participants retelling of storylines where mental distress represents a degeneration into unpredictability and dangerousness that must be identified, confined through institutionalisation and controlled through medication to allow the person to re-join society. This

representation is contrary to research that suggests that the diagnostic criteria often used to define mental distress as a condition are met by high numbers of people in the general population who do not receive a diagnosis or use psychiatric services (Rossler et al. 2007); people experiencing mental distress are no more likely to be dangerous than the general population (Steadman et al., 1998); and the psychiatric hospitalisation of people experiencing mental distress is extremely low. The desire for participants to engage as viewers with soap operas as a means of helping people is however an essentially positive one, and might be better served through storylines that promote the acceptance and normalisation of mental distress rather than its separation, surveillance and control.

Another way in which mental distress was presented as distinct and separate through viewing practices was the illegitimacy of deriving ‘entertainment’ from these to participants. ‘Entertainment’ as a potential viewing practice was predominantly constructed as a self-serving enjoyment of the programme, rendered unacceptable and exploitative through notions of mental distress as tragic and something that ‘should not be laughed at’. An interesting contradiction to this was presented by one interviewee who appeared to understand Stacey Slater’s unusual behaviour as empowering and justified, representing entertainment as legitimate through enjoyment of positive aspects of unusual behaviour linked to mental distress. This implies that tragic portrayals of mental distress and its presentation as a ‘serious issue’ by soap operas disallows viewers a gratification from viewing that they would normally enjoy from other storylines, marking these characters out as different and potentially less able to provide a valuable entertainment function to viewers, being positioned as people who can only receive pity or understanding from viewers rather than be able to provide entertainment and enjoyment. While marking out characters with mental distress for ridicule by the programme would be stigmatising, the inclusion of humour and entertainment into

mental distress storylines in a way that supports or empowers the character might be an effective way to endear characters to the audience as people who not only suffer, but have the strength to find humour in their situation, or to normalise people experiencing mental distress as still able to provide the humour and entertainment that is prized as a virtue in other people.

The articulation of jeopardy as a viewing practice appeared to function to reinforce the support and sympathy that participants had for the characters, being a form of ‘entertainment’ legitimised through its presentation as a practice that positioned the participants as caring and sympathetic towards the characters. The use of mental distress by programme writers as a technique to build jeopardy appears to foreground crisis, there was very little mention of the mundane day-to-day experiences of mental distress, or of story arcs where the characters mental distress was secondary to main story events. Although participants frequently criticised the portrayal’s focus on the ‘extreme’ as unrealistic and thus potentially exploitative, the focus on extremes required to build jeopardy was acceptable, possibly suggesting that the ethical requirement of realism can be back-grounded if the drama allows a different way for the identity as an ethical viewer to be fulfilled. The association between mental distress and crisis has the potential to further separate people identified as experiencing mental distress from those who are not, or further the idea that mental distress is a core part of a person’s identity, a message identified in previous content analyses of television portrayals and suggested to be potentially dehumanising (Day & Page, 1986). Although portraying the mundane aspects of mental distress may risk breaking the genre contract of entertainment between programme producers and their audience, experiences of mental distress could be included as secondary to main storylines that drive the narrative; a recent example of this was shown in *Homeland* (2011), a prime-time series produced in the USA by Fox-

21 which portrayed a CIA agent's experience of 'bipolar disorder' as secondary to the terrorist plot that provided narrative jeopardy.

4.2 Quality of the Research

The open nature of qualitative research has the potential to attract criticisms of quality, that 'anything goes' (Burman, 2004). To address issues of quality I considered this research project within Spencer and Richie's (2012) guidelines of contribution, credibility and rigour.

4.2.1 Contribution

Contribution can be described as the value and relevance of research evidence. Harper (1999) raises the importance of asking who decides what is useful. It is my hope that this project will ultimately be useful to people experiencing mental distress, and those people whose distress has been defined through formal diagnostic labelling through promoting thought around television portrayals of mental distress and the social attitudes that these reflect and belie. The purpose of this project was not to define a 'helpful' or 'unhelpful' way to portray mental distress in soap operas, but to explore the ways in which soap opera viewers might relate to mental distress storylines, provoking thought around the understanding taken from portrayals by viewers, the processes that might lead to these and the implications this might have for social attitudes and the wellbeing of people who experience mental distress.

By making this research project available to programme makers and mental health organisations with an anti-stigma agenda the findings of this project could be used to raise awareness of stigmatising elements within soap opera portrayals of mental distress from an audience perspective, allowing these to be addressed. Mental health organisations could act on the findings that claims towards research provide a powerful

cue to identify the portrayal as realistic and socially responsible to ensure that programme makers claims to research are justified, and that any consultation that they are involved in is represented in the portrayal. The finding that characters can provide entertainment for audiences in a way that supports and empowers them might influence programme writers to allow characters with mental distress a role in entertaining audiences to balance their portrayal as tragic and in need of pity. Organisations and departments that are involved in planning and campaigning for storylines that address stigma might take interest in the findings that presenting a storyline as ‘awareness raising’ and ‘anti-stigmatising’ can cause audiences to accept the portrayal as realistic uncritically, and can create surveillance and social or psychological distance between audiences and people experiencing mental distress. These groups might also be made aware of the homogeneity between the storylines of treatment and recovery between the characters in different soap operas, and how the idealisation of accepting diagnosis and medical treatment contradicts research that supports service user agency and involvement in recovery; this could be acted on to give more diverse and balanced portrayals that validate service user agency. The finding that characters experiencing mental distress can be understood as rational, motivated and cognisant while still appearing sympathetic might be of interest to programme makers who are concerned that giving a humanistic rather than biological explanation for the characters behaviour might be perceived as blaming. In general the findings that stigmatising elements of social undesirability, dangerousness and unpredictability are communicated to audiences in the portrayal (albeit concealed within redemption narratives) might raise awareness of the need to address these in future portrayals.

4.2.2 Credibility

Credibility describes the defensibility and plausibility of research claims. It is related to scientific notions of interpretive validity, of how well claims are supported by the data. To support the credibility of my research I have used extracts throughout the analysis to illustrate the interpretations that were made. In cases where interpretations were made based on the omission of data (i.e. what was not said by participants) I have where possible used extracts that represent possible alternatives to the dominant themes. In the appendices I have submitted the initial codes and themes, and a corpus of extracts that were not used in the final analysis to allow these to be cross-referenced further with my findings by readers of the project. Throughout the development and writing of the project I met regularly with my project supervisor and discussed my methodology, data and analysis with them, allowing another perspective and further accountability. This project will also be submitted to viva voce examination, and if considered for publishing will meet with peer review.

4.2.2.1 Ethics

One ethical dilemma did arise from the prominent subject position taken by interviewees as ethical and socially responsible viewers. Throughout the interviews and analysis it emerged that interviewees placed an importance on constructing the content of mental health storylines in soap operas as being socially responsible and non-stigmatising to allow themselves to maintain an identity as socially responsible and ethical. However many of the constructs that were developed from the interviews during the analysis drew on discursive constructions that were discussed as being stigmatising and unhelpful. Several participants asked for copies of the research when written up for publication, and as part of this ethical consideration this will be sent to them with a covering letter with my contact details and an invitation to contact me if

they have any questions about the findings. As part of general ethical practice uncritical language was used at all times throughout the project.

During the interview process no ethical concerns arose, and participants reported that they found their involvement to be a positive experience, particularly with reference to ideas that their involvement might improve the portrayal of mental distress in soap operas.

4.2.2.2 *Reflexivity*

Willig (2001) argues that reflexivity is particularly important in qualitative work as the researcher cannot take an objective view. Willig describes epistemological reflexivity in considering how the approach taken may have influenced the findings, and personal reflexivity in considering how the researchers own understandings and agendas may have influenced this.

4.2.2.2.1 *Epistemological reflexivity*

The epistemology allied to during this project was critical realism. This position was considered to best reflect the aims of the project in approaching the various ways in which soap opera storylines might be understood by viewer-participants, and the central role of viewer's constructions in the meaning that was received from portrayals.

Approaching the analysis from this epistemological position allowed an appreciation for the underlying realities that lead to the portrayal of mental distress (i.e. the pressures on programme makers to attract audiences and entertain, institutional practices surrounding mental distress) whilst foregrounding the different ways that these portrayals might be received by viewers. Rather than the analysis being used to consider participant retellings of mental distress storylines within a realist notion of 'accuracy', the critical realist approach allowed these to be considered as part of a diverse range of

possibilities, leading to the reasons that certain elements of the portrayal were represented rather than others to be considered.

The methodology used was a discursive thematic analysis. During the analysis the themes that developed around the portrayal of mental distress were limited in the variation of discursive activity; participants took a very descriptive approach to retelling their understanding of the portrayal of mental distress, rarely deviating from description as a strategy to retell the storyline. While these descriptions were valuable in exploring the portrayal's content from an audience perspective, the results of this sometimes resembled a content analysis or semantic thematic analysis rather than an analysis at a latent or discursive level. This potentially reflects the specificity of the questions in the interview schedule, and whilst a larger number of short interviews were used with the intention of increasing variance in participant responses the shorter interview may have potentially had the opposite effect, limiting the extent to which participants could expand on descriptive responses. Whilst variation was also limited in themes relating to realism and viewing practices the perspective offered through discursive thematic analysis did allow interpretations of the discursive strategies used in constructing these to be developed, and what functions these might have for viewers.

The use of public flyers was unsuccessful and failed to recruit any participants, instead a minority of participants were recruited through online forums and the majority snowballed through this. During recruitment it became apparent that men were under-represented as participants in comparison to viewer demographics. Positive efforts were made to recruit men, however male participants still fell under the 40 per cent viewer demographic stated in table 3. The male viewer demographic was found to be higher than expected during the interview process which limited the extent to which recruitment could be influenced. Future researchers might plan for separate quotas of

male and female participants that are more representative of this demographic. Positive recruitment of mental health service users and people from BME communities was thought to be successful; participants were also recruited from a diverse range of age ranges and professions.

During the analysis the prevalence of participants' ideas around the importance of socially responsible portrayal and their viewing as a socially responsible act raised questions about the extent to which participant reactivity and social desirability was influencing responses. My title as a trainee clinical psychologist may also have placed pressure on participants to give accounts of soap operas and their viewing which emphasised the rights of people experiencing mental distress. The recruitment of people as viewers of soap operas from fan websites may also have created a recruitment bias towards participants defending soap operas, although some participants did appear to take a more sceptical position towards the programmes. The connotations of expertise that my title carries might also have influenced participants to give more formal (i.e. diagnostic) accounts of mental distress. During the analysis it was thought that asking participants why they had chosen to take part in the research and what their understanding of my reasons for carrying out the research might have yielded information that might have been helpful in the consideration of these influences, and this could be considered in future research. During the interviews I attempted to address participant reactivity by emphasising the value of all information that participants gave; I also monitored my own participation in the interviews reflexively to reduce any inference or bias implied in the language of my responses or questioning.

4.2.2.2.2 Personal reflexivity

During the analysis itself I was aware of my own interest in critical and community based approaches to mental health difficulty, and the bias these might present in my

analysis of psychiatric descriptions of mental health difficulty. While this potential bias should be considered by readers of my analysis in deciding what information to take from it, I frequently questioned my own motivations and agenda when analysing to address this bias. I also maintained a reflective journal throughout the analysis. Throughout the literature review I also made efforts to consider and familiarise myself with arguments for the portrayal of mental health difficulty as an ‘illness like any other’ as reducing stigma through reading relevant articles and mission statements of organisations that support this approach in soap opera portrayal, for example MIND and Rethink.

4.3 Implications

4.3.1 Implications for Future Audience Research

The audience perspective taken during this research project allowed two broad differences to the analysis of programme content that has been traditionally taken in exploring the media representation of mental distress. At a content level it was possible to explore the representations of mental distress that were available to viewers, which may differ from those which are represented in the programme content. At a discursive level it was possible to explore the function of the way viewers’ constructed mental distress, and the interaction between audience constructions of viewership, genre, mental distress and the programmes portrayal of mental distress in constructing meaning from these portrayals. This research project demonstrates that taking an audience perspective on mental distress portrayal can offer different insights to content analyses of the media itself, and that this approach is one that would benefit future research.

Throughout this project a frequent consideration was that the storylines that the participants were referring to were not analysed, making it difficult to consider how

much their constructions of mental distress were related to the source material and how much they were born from the individual understandings brought by the viewer; what role the 'encoding' and 'decoding' of the text had in the viewer's constructions, to use Hall's (1980) terminology. In designing this project my interest was in taking a broad and naturalistic approach, interviewing viewers about their viewing as it is performed in their everyday life; due to the breadth and variability of the participant's viewing acts it would have been difficult to collate the material that they had individually viewed and perform a content analysis on this (for example while viewers may have engaged with certain storylines they may have missed certain episodes, leading to a difference in the experience of these between participants). An alternative method that would allow concurrent content analysis might be to ask participants to watch specific material and interview them about it; while this would be an interesting approach it would also be limited by the artificial nature of the viewing action, especially with regards to any analysis of the viewer's use of viewing in their day to day life. Conducting a concurrent content analysis on the material referred to by participants for comparison with their own construction might be an interesting avenue for future research; however it would be important to balance between representing the audiences' naturalistic viewing habits and the accessibility of the source material for concurrent analysis.

As mentioned previously the participant sample and responses may have been narrowed by being aimed at people that identify with being a soap opera viewer. It might be useful for future audience research to target casual, sceptical or dismissive viewers to broaden the participant range, allowing comparison with the themes developed from this research project. The term 'mental distress' was used throughout the project; both the terms 'mental' and 'distress' have particular connotations, for example of an internal world where distress is present and of the character being identified primarily through their behaviour being distressing. Further research could involve exploring what effect

the wording of the phenomenon that participants are asked to describe has on their responses, or consider using alternatively worded cues such as ‘unusual beliefs’. It might be beneficial for audience focused research to involve an exploration with participants about how they understand the connotations of commonly used descriptions of mental distress (for example ‘mental illness’, ‘insanity’, ‘grief’) and which they prefer to use or are relevant in their understanding of soap opera storylines.

4.3.2 Implications for Clinical Psychologists and Service Users

Soap operas are a widely watched genre that have been identified along with the media in general as reflecting and maintaining social attitudes. It is likely that clinicians may encounter the themes developed during this research project during their work with clients, either through their direct viewing of soap opera portrayals or in the social attitudes that these represent; for example a BBC news article (Alexander, 2010) quotes The Bipolar Organisation as saying that calls to helplines doubled after the Stacey Slater storyline, and the BDRN (Bipolar Disorder Research Network) that during the ‘*Eastenders* Revealed’ episode of Stacey being bipolar they had 8,536 visitors to their website within 48 hours. It could be helpful for clinicians to be mindful that the understanding of distress brought to them by clients might reflect media portrayals rather than an understanding which could be more helpful to the client and explore this further with them. In particular clients might feel reluctant to challenge professional understandings of their distress and treatment given the emphasis on conformity in these storylines, and emphasising the importance of the clients own understanding and ideas of recovery to them might be helpful in developing a more diverse and client centred understanding.

The potential for soap operas to present stigmatising ideas of dangerousness, undesirability and unpredictability to audiences, as well as the limited portrayal of

treatment and understandings of distress make direct intervention around this by services a consideration. It could be beneficial for psychologists to provide groups that involve the watching and discussion of mental health portrayals for service users to discuss. This might facilitate service users to explore and resist ideas in mental distress portrayals that they might find unhelpful and otherwise internalise. Such groups could also have the function of reporting to programme makers and placing pressure on them to represent mental distress in a way that is more helpful to people whose experiences and identities are represented in programme portrayals.

Many of the people that participated in this project gave feedback afterwards that they had found their role rewarding in contributing to the understanding of the portrayal of mental distress and the potential for this to improve representations of mental distress. In particular those participants that had experience of mental health services reported that they felt participating allowed them to play a part in improving the way they are represented by the media and subsequently understood within society. In considering this I felt that one of the benefits of audience research such as this project is that data is collected from members of the public rather than from the text itself, allowing the ideas of people from diverse backgrounds to be represented in research. There has been significant interest in involving mental health service users in research; the benefits of this include making research more representative of service user ideas, beliefs and needs and challenging the privilege held by researchers over the people their research represents (Palmer et al., 2009). During this research project I felt that there could be a role for service users as co-researchers which could be incorporated in future research of this kind, for example in developing and checking themes.

4.3.3 Implications For Challenging Stigma Through Media Portrayals

Campaigns aimed at reducing stigma might better achieve this by diversifying their portrayals of mental distress as suggested by Read et al. (2006). In particular alternatives to diagnostic understandings and medical treatment, or the limitations of these might be provided to audiences, representing the helpfulness of considering the benefits and limitations of multiple perspectives that is represented in recovery research. There was some suggestion that psychosocial understandings were provided within the programme but were less accessible due to strong cultural biases; programme makers may need to pay particular attention to strengthening the saliency of any alternatives to viewers. The provision of multiple perspectives may also facilitate audiences to think critically around the portrayal and empower them to resist elements that they disagree with. The promotion of critical interaction between audiences and the media is argued by Harper (2012) as being essential in challenging stigma in portrayals. A question raised by the findings of this project is whether or not reducing stigma is best served through programme makers promoting their programmes as having an explicit anti-stigma agenda, as this may represent essentialist notions of the portrayal as realistic and ‘correct’, allowing potentially stigmatising elements to be accepted. It may be more helpful to provide different perspectives and allow audiences to consider for themselves which they find realistic or responsible. This approach may however be resisted by programme makers for whom ‘anti-stigma’ rhetoric provides an economically valuable way of attracting audience share.

Particular portrayals of people experiencing mental distress that appear to be neglected by soap operas in the accounts of viewers are heroic representations. Portrayals of people experiencing mental distress could be positively diversified through representing

characters overcoming their difficulties through their own strengths and agency, rather than as naïve and reliant. Another implication for diversifying portrayals that developed from the research findings was the limited representation of ways in which mental distress could be related to by audiences. Rather than focusing on mental distress as something to be identified and controlled, soap opera producers might helpfully diversify their programming through representing mental distress as part of normal human experience, to be understood, supported and accepted. Being wary of portraying undesirability and dangerousness in mental distress might help this more accepting representation to be taken.

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APPENDICES

Appendix A - Literature search strategy

My initial research interest was in the area of mental health stigma and the portrayal of mental health in the media. In order to gain a broad overview of previous research and literature in these subjects I began by making a search using the Google scholar online journal search function: this online utility displays academic papers containing the given search terms and also papers that reference those in the results, allowing for a wide exploration of literature. My search terms included combinations of the following words: **mental health, mental illness, stigma, effects, portrayal, representation, media, television**; I also included generic terms such as **research, psychology, review, study**.

My initial search provided a broad literature overview suggesting that the effects of stigma on people with mental health difficulties and the stigmatising portrayal of mental health in television programming were current issues and warranted further exploration. To further review the literature on mental health, stigma and the media I used several of the major online psychology and medical databases, these included the American Psychological Association, Science Direct, Informa Healthcare, MEDLINE, and Cambridge Journals Online. Although the portrayal of mental health in the media also falls within the field of media studies and within the wider social sciences I felt using science, medicine and psychology focused search engines would help to maintain the focus of the research project as a piece of clinical psychology research and the relevance of the literature to this field. As my initial search had suggested that mental health was frequently portrayed in a negative fashion I included the search words **dangerousness, unpredictability, negative** and **violence**. This search provided literature on the effects of stigma on the lives of people who experience mental health difficulties and several content analyses of the portrayal of mental health in the media and the effects of these portrayals on viewers.

During this search I developed an interest in the portrayal of mental health in television programming specifically, which developed into an interest in soap opera portrayal through the high viewing figures these programmes attract and their pervasiveness in weekly scheduling: the decision to focus on United Kingdom soap operas was made to increase specificity and because of the locality. Following this I added the following search terms to those already listed: **soap opera, dramatic media, United Kingdom, Great Britain, storyline, plot, Emmerdale, Coronation Street, Eastenders, Hollyoaks, Doctors** (the last five being the titles of UK soap operas). As soap operas represent a popularist medium I included the Google and Bing online search engines in my search strategy to include both academic articles and non-peer reviewed articles such as reviews, commentary, news articles and opinion.

As many of the journal articles made reference to literary theory and I had little knowledge of this area I gained a broad overview of the subject by reading Terry Eagleton's (1996) book 'Literary Theory', David Chandler's (2009) 'Semiotics: The Basics' and John Fiske's (2010) 'Television Culture'. Through reading these books I developed an interest in post-structuralism and audience response theory, reading articles and books referenced within these to learn more about these areas. I also made searches of combinations of the following terms: **audience response, audience attitudes, audience research, mental health, mental illness, portrayal, representation, media, television, soap opera**. As most literature relevant to audience response theory and research falls outside of the sphere of mental health the Web of Knowledge online database was also used to search within the wider fields of the social sciences, arts, media and humanities.

Throughout the literature search I located and read relevant articles referred to by articles retrieved through the search terms. In particular Otto Wahl's 1992 article "Mass media images of mental illness: a review of the literature" provides an extensive review of research surrounding the portrayal of mental health in the media, and Greg Philo's 2010 study "Making Drama out of a Crisis: Authentic Portrayals of Mental Illness in TV Drama" provided several rich search avenues regarding the limited area of audience research regarding mental health portrayal.

Appendix B – Original interview schedule

Interview Schedule

- A) Please could you name and describe any soap opera storylines you have watched that have centered around a character experiencing mental distress.**

Prompts

Were there any storylines where a specific label was mentioned, such as depression, schizophrenia, bipolar disorder or obsessive compulsive disorder?

Were there any storylines where a person was affected by life events or stresses to the point that they found it difficult to cope?

Were there any storylines where a person dealt with distress in a way that was contributed to their problems, such as problem drinking, drug abuse or self-harm?

- B) How did the ideas about mental distress portrayed in these storylines compare to your own?**

Prompts

Where have you got your opinions and ideas about mental distress from?

How were they similar?

How were they different?

- C) Was there anything that you felt you learned about mental distress from these storylines?**

Prompts

Was there anything in the storylines that that changed your opinion about mental distress?

- D) How did the program being a soap opera affect the way that you thought about the ideas of distress portrayed in the program?**

Prompts

What is your opinion of soap operas as a source of information about mental distress?

How do they compare to other sources of information do you have about it?

Did you engage with the storyline outside of direct viewing?

- For example discussing it with friends, reading about the story in other media, investigating the topic further

Appendix C – Revised interview schedule

Interview Schedule

E) What soap operas do you watch?

F) Please could you name and describe any soap opera storylines you have watched that have centred around a character experiencing mental health problems. This could be both in recent episodes, and in past ones.

Prompts

These could be storylines where a character has a mental health diagnosis, been unable to cope with life stresses, have been thought to be acting unusually by other characters, or have coped with problems in a harmful way i.e. through drinking or self-harm.

G) In general what did you think of these storylines?

H) How were the characters and their mental health difficulties portrayed in these storylines?

Prompts

What kind of characters were they?

How did the mental health difficulties affect them and make them act?

What was it about them that made you think they had a mental health difficulty?

I) How did the storylines compare with your own ideas about mental health difficulties? Prompts

What did you find realistic and unrealistic about the storylines?

Where have you got your opinions and ideas about mental health difficulties from?

Was there anything you agreed or disagreed with?

What do you think would happen to these characters in real life? How would they behave?

Would [participants example] happen to people in real life?

Was there anything in the storylines that was different to how things would be in real life, or anything that was similar?

Did these storylines introduce you to any new ideas, concepts or understandings?

Was there anything in the storylines that that changed your opinion about mental health difficulties, or made you see them in a different way?

J) Why do you watch soap operas in general?

What do you get out of watching them?

K) How did these storylines around mental health difficulties fulfil your reasons for watching the programme, and what could they have done better?

What was [use interviewee examples] about the storyline?

What did you like and dislike about the storyline, as a viewer?

What made you want to watch it?

What made it less watchable?

For example were they realistic, dramatic, entertaining, informative, helpful, unhelpful?

Is there anything you would like to see done differently, and what would you keep the same?

If you were writing a storyline that you would like to watch, what would you put in it, and what would you leave out? [prompt added after participant #3]

L) How did the programme being a soap opera affect the way that you thought about the portrayal of mental health difficulties in the program?

Prompts

What is your opinion of soap operas as a source of information about mental health difficulties?

How do they compare to other sources of information do you have about it?

M) Did you engage with the storyline outside of direct viewing?

- For example discussing it with friends or family, reading about the story in other media, investigating the topic further

What did you learn from doing this, was your opinion changed at all?

Appendix D – University of East London Ethical Approval Form

UNIVERSITY OF EAST LONDON

APPLICATION FOR THE APPROVAL OF AN EXPERIMENTAL PROGRAMME INVOLVING HUMAN PARTICIPANTS

Please read the Notes for Guidance before completing this form. If necessary, please continue your answers on a separate sheet of paper: indicate clearly which question the continuation sheet relates to and ensure that it is securely fastened to the report form.

1.	Title of the programme: What ideas do viewers have about mental distress storylines in UK soap operas?	
2.	Name of person responsible for the programme: Dr. David Harper Status: Reader	
3.	Faculty: Psychology	Department/Unit: Clinical Psychology
4.	Level of the programme (delete as Appropriate): (c) postgraduate	
5.	Number of: (a) experimenters (approximately): 1 (b) participants (approximately): 20	
6.	Nature of experimenters (delete as appropriate): (b) students If "others" please give full details:	
7.	Nature of participants (general characteristics, e.g University students, primary school children, etc): 20 members of the adult general public	
8.	Probable duration of the programme: from (starting date): April 2011 to (finishing date): May 2012	

Appendix E – Participant information sheet

Participant information sheet

Thank you for your interest in participating in this research project. My name is Edward Smith, I am a trainee clinical psychologist studying at the University of East London. This research comprises my third year thesis project.

Project aims

The project title is “What ideas do viewers have about mental health storylines in UK soap operas?”, and aims to explore the ways in which soap opera viewers understand storylines about mental distress in soap operas.

What is involved?

If you agree to participate you will be asked to sign the declaration of consent form, and a short form giving information about your age, ethnicity, gender and marital status. After this there will be an interview lasting for between 20 to 30 minutes about the ideas that you have regarding storylines involving mental distress in soap operas. The interview may involve questions about your ideas about mental health difficulties, and where you got these ideas from; this may include your own experiences of mental health difficulties and you should only divulge information if you feel comfortable doing so. This interview will be recorded using audio recording equipment. You will have the opportunity to ask any questions you have about the research before agreeing to participate and after the interview which will be answered fully.

Comfort

If at any time you feel uncomfortable in the interview, please feel free to say so. You are able to leave at any time without finishing the interview, for any reason.

Confidentiality

Maintaining your confidentiality is of the highest importance. The consent form will be kept separate from your personal information and the audio recording to prevent you being identified. As part of the research the audio recording of your interview will be written down (transcribed), and after this the recording will be erased. When not being used any forms and recordings will be kept at a secure location. Information will only be shared with people directly involved in the project, and this will be kept to a minimum. Anonymised direct quotes may be used in the written study, which may be published.

Appendix F – Advert for participants

Do you watch British soap operas?

Participants are needed for a research study into the ways mental health difficulties are portrayed in British soap operas.

This research is part of my doctoral thesis in clinical psychology, at the University of East London. It aims to improve the way that mental health difficulties are portrayed in television dramas.

Participation will involve a 30 minute interview. The venue is flexible and will be in a place that is convenient and safe for you.

If you, or anyone you know would be interested in taking part in this study, please contact Edward Smith by phone call, text message, or email for more information on:

07921 376680

edwardgcsmith@hotmail.com

Participation is open until December 1st 2011

Appendix G – Participant consent form

CONSENT FORM

Title of study: What ideas do viewers have about mental distress storylines in UK soap operas?

Researcher: Edward Smith

This consent form accompanies the participant information sheet; please request a copy before signing this form if you have not read it.

In this study you will be interviewed about your ideas concerning soap opera storylines that involve mental health difficulties, and how these compared to and were affected by your own ideas. The interview will last no more than half an hour and some demographic information will be obtained from you. You will also be asked about your own views about mental health difficulties, which may involve your own personal experience. Your participation will help further the knowledge base in this field and may be used to promote more helpful representations of mental distress in entertainment media.

Please read the points below and sign this form.

- I agree to take part in the above named study, as described in the participant information sheet.
- The nature and purpose of the study have been explained to me.
- I understand that I may withdraw from the study at any time without justification or penalty. If I request, any information I do provide may be excluded from the study.
- I understand that the interview will be audio-taped.
- I understand that my personal information and interview will remain anonymous.
- I understand that measures will be taken to keep my information confidential. Audio recordings and transcripts will be stored securely and only shared between people directly involved in the project, its review and potential publication. Anonymised direct quotes may be used in the written study, which may be published.
- I have read the information sheet on the above study and have had the opportunity to ask questions and discuss these with the principal researcher.

Signature of participant.....Date.....
Name of participant.....

I confirm that I have explained the nature of the study as detailed in the participant information sheet and I believe that the consent given by this participant is based on their clear understanding.

Signature of researcher.....Date.....
Name of principal researcher.....

Appendix H – Transcription Protocol

Stuttered words, repeated words and words that were started before being changed were included. Simple annotation was used to further communicate the speech qualities presented in the recording; these included:

... Pause of one second or less

[pause] Pause of one to three seconds

[long pause] Pause of over three seconds, with a further [...] added for ever three seconds

/ Interruption

(xxxx) Unintelligible

[laughs] Description of non-verbal qualities

Appendix I – Annotated Transcript

codes

notes

subjectivity
must explain
purposeful

purposeful

shows non-epidemic
purposeful

purposeful

harming self

purposeful

jeopardy hidden

character

identical diff
very normal

139 and so to like take out his...to kind of punish himself he is harming
140 himself by...erm...he purposefully made himself have a wound on his
141 knuckles...

142 ...how did he do that?

143 On the gravestone he like rubbed his knuckles and purposefully
144 grazed it then he keeps making it worse so he was like using this
145 punchbag at work, but he didn't put any bandages on so he was

146 making it worse, and then when you got home his mom says "ar,
147 what have you done? You need to bandage that up, and he
148 purposefully put his hand in like a bowl of bleach to make it worse.

149 Okay,

150 And then a couple of days ago he...was working...he was
151 purposefully working every hour God sends like he had a full time
152 job but then he was going and helping on the farm as well so he

153 was so tired that he like collapsed with exhaustion, then he went to
154 go stay at his...that'll be his granddads house and while he
155 recovered and he found a knife in the toolbox and purposefully cut
156 his stomach with it,

157 Oh right,

158 An it just showed him when somebody came in the room he just like
159 pull his jacket over his top because there was a bit of blood coming
160 up through his top and he'd cut his stomach.

161 Did anything strike you about, erm to use the the example
162 specifically, what type of character was newt would you say, the
163 Hollyoaks...er...character? How was he like presented do you think in
164 there?

165 He was presented as a really nice person so initially just a really
166 nice...erm like a suppose what, what you would call a normal kind of
167 person, and erm...and then...that made, I suppose that made him
168 contrast more with his personality when he wasn't well.

169 Did anything make him unwell or did it just kind of come on?

170 Erm...I think he'd had this friend in the past...

171 ...okay...

172 ...and it came on pretty soon n the storyline of him coming in...

173 ...sure...

174 ...so...and he had come from care...

makes direct link between
self harm and event

family member, anything
for newt? makes it
problematic to others

→ Purposeful, deliberate

other examples of
harm, do these
relate better to
subjectivity? i.e.
not a 'self harm' disack
bth harm says that pain inside
is exposed

hidden harm seen
by 'god's eye view' of
newt, risks jeopardy: impulsive
of not many distress, hidden
otherwise

ill/well contrast
marked by
nice/nasty behavior,

175 ...oh right so he'd been in care...

176 ...he'd been in care [and then]

177 [did he], had he had a difficult life in the past? *Potential psychosocial element not used?*

178 Yeah...but they didn't...they didn't really make...they didn't make *was it warranted*

179 this schizophrenia come of him being upset about being in care, that *is* *was it warranted*

180 was just why he'd come into the family, 'cos he'd been in care. *not notice by new*

181 So that wasn't really built on that... *change?*

182 ...no it wasn't really built on that.

183 How about...how about the guy in Emmerdale, what kind of a

184 character was he [xxxx]?

185 Erm...he's always been quite troubled, like the gay storyline before *Long story arc,*

186 the self harming so he'd tried to kill himself then, so he's always had *issues with self*

187 issues with...with himself. *individualising?*

188 And although you said you couldn't remember that much about it

189 before, what do you remember about the Paul Nicholls

190 storyline...erm what was he like?

191 I think he was just like...yeah he was just...just like yeah, your *again name/ill*

192 average kind of guy. *context "average guy"*

193 And what...what was the things in those three examples...what was *subjective*

194 it about the way they acted that made you think they had a mental

195 health difficulty...that made you think they had a mental health

196 difficulty?

197 Erm...I suppose...he...I suppose they [pause] the way they're *medicalised language*

198 portrayed in the soaps...cos Paul Nicholls it was the paranoia...erm...

199 ...what was the paranoia about again?

200 That people were trying to...erm...kill him and people were trying to *implied dangerousness*

201 get him and aliens would come and things like that erm...with the *"Mental illness"*

202 Newt storyline it was the fact that they unveiled that this friend was *marked by*

203 all in his imagination, up until then you didn't really guess that there *difference between characters*

204 was...that he did have a mental illness at all... *experience & that of others,*

205 ...okay... *use of camera technique*

206 And then...with Aaron erm...just because he's like harming himself

207 and he's angry and lashing out at everybody all the time...erm short

208 tempered...erm...pushing away everybody. *social unacceptability,*

not just behaviour as socially unacceptable, but explicitly separating people from character, socially isolating. Also full of character, social exclusion due to him

dangerousness

filming technique

identified diff. in exp

jeopardy reveal

Harming self

dangerousness

social unacceptability

soaps: produced

dangerous

psychic absent

character: troubled

character: name!

Appendix J – Initial codes

Character general – nice, likeable

Character general – roguish, liked

Character general – ‘normal’/average

Character general - troubled

Contrast character well with ill

Behaviour identified as MD - Dangerousness

Behaviour identified as MD – self put at risk

Behaviour identified as MD – Erratic

Behaviour identified as MD – personality change

Behaviour identified as MD – no context

Behaviour identified as MD – unexplainable/ confusing

Behaviour identified as MD – experience different

Behaviour identified as MD – narrated by other characters

Behaviour identified as MD – diagnosis

Behaviour identified as MD – subjectivity, emotional pain

Link to heritability

MD effect on character – out of control

MD effect on character – incognisant

MD effect on character – unacceptable behaviour

MD effect on character – change of character

Blame – not their fault, ill

Blame – on illness

Blame – other people

Blame – victim of circumstance

Blame – accident, spiral

Blame – on circumstance

Diagnostic language

Character motivation – not understandable

Character motivation – disease process

Character motivation – to do good, moral

Character motivation – emotion, guilt

‘it does happen’

How MD is known – family, others

How MD is known – doctors

How MD is known – stereotypical

How MD is known – story, emotional

How MD is known – camera effects

How MD is known – reference to own experience

Why did MD occur? – past experiences

Why did MD occur? – current difficulties

Why did MD occur? – illness

Why did MD occur? – uncertainty about psy-soc or illness

Why did MD occur? – psy-soc absent

Characters subjectivity – moral purpose

Characters subjectivity – purposeful

Characters subjectivity – rational

Characters subjectivity – emotional

Mental distress storylines – socially important

Mental distress storylines – meaningful vs. light

Mental distress storylines – producer responsibility

Mental distress storylines – potential for exploitation

Mental distress storylines – can help others (social attitudes)

Mental distress storylines – can help others (service users)

Storyline – breakdown

Storyline – disagree with MD

Storyline – medication refused/become ill

Storyline – medication recovery

Storyline – bad events

Storyline – gradual reveal

Storyline – character wrong about what's best

Storyline – denial

Storyline – MD hidden

Storyline – others identify

Soap operas – produced

Soap operas – realistic

Soap operas – purpose to entertain

Soap operas – reputation as tawdry (defended)

Soap operas – show social element (realistic)

Soap operas – not as researched (vs. docu's)

Soap operas – raise issues/ help through informing

Expectations – researched

Expectations – realistic

Expectations - helpful

Expectations – sensitive

Expectations – not mocking

Expectations – not entertainment

Reasons for watching (general) – escapism

Reasons for watching (general) – identification with characters

Reasons for watching (general) - routine

Reasons for watching – education, to help others

Reasons for watching – education, to help self

Reasons for watching – not for entertainment

Reasons for watching – for entertainment

Reasons for watching – see what happens (wish for recovery)

Reasons for watching – see what happens (wait for reveal)

Reasons for watching – general vs. mental distress

Reasons for watching – care for character

Reasons for watching – to monitor portrayal

Discussed with other people

Jeopardy through hidden to other characters

Self description – media savvy

Self description – naïve

Self description – caring person

Self description – thoughtful person

Contrast self to assumed audience

Gods eye view of viewer

Realism – un-nuanced

Realism – extreme

Realism – ‘real world’ events absent

Realism – researched

Realism – acting

Realism - assumed

Naïve position taken by pp.

Appendix K – Candidate themes

Super-ordinate themes	Sub-ordinate themes	Categories within sub-ordinate themes
Mental distress identified through problematic behaviour		
Mental distress identified through dangerous behaviour	Dangerousness to others	
	Dangerousness to self	
Humanistic/ moral discursive constructions	Sympathy through understanding context	
	descriptions of characters subjectivity	
	Rich descriptions of context and narrative	
Diagnostic discursive constructions	Psychosocial discourses	Psychosocial excluded
		Psychosocial included
	Sympathy through seperating illness through person	
	Use of cues relating to scientific/ medical authority	
	Medication essential to recovery	Character's rejection of medication
		Not taking medication causing deleterious effects

		Recovery attributed to medication
Descriptions of the character	Likeable before mental distress	
	Incognisant (diagnostic)	
	Unpredictable (diagnostic)	
	Morally motivated (humanistic)	
	Purposeful (humanistic)	
How realism was judged	The storyline judged as produced	genre expectations of production
		Portrayal described as 'extreme' or dramatised
		Participants stating their awareness of storyline being produced
	The storyline judged as realistic	Assumptions of 'research'
		It can happen'
		Genre expectations of 'realism'
Participant ideas about the ethics of the storyline	Mental distress storylines able to affect social attitudes	
	Realism equated to socially responsible portrayal	
	Drama as socially irresponsible	Part of exploitative agenda by programme makers

	Drama excused by participant	Drama is something for other viewers (not participant)
		Necessary to attract viewers
		Part of the genre expectation
The participants reasons for viewing the storyline	Entertainment	Entertainment representing drama, unacceptable
		Entertainment allowed through siding with character
	Jeopardy - wanting to know what will happen next	Wanting to see character recover
		Jeopardy as a function of not knowing what will happen to the character, implied that this could be bad
	Information	Becoming informed to help others
		Being part of an activity that is socially responsible through raising awareness
		Finding information relating to own mental distress experiences; social

		comparison and self help
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Appendix L - Map of final themes

Super-ordinate theme	Sub-ordinate theme	Categories within sub-ordinate theme
Cues identifying the character as experiencing mental distress	Breaches of social convention	Dangerousness and distress to others
	Incomprehensibility	Unexplained changes in personality and behaviour
		Incoherence of speech
		Filming techniques
	Programme cues that allowed the characters behaviour to be explained	Diagnostic and psycho-social discursive constructions
		Humanist and moral discursive constructions
Cues used to construct the storyline of characters experiencing mental distress.	Explanatory discursive constructions, sympathy and intentionality	Victimisation and vulnerability
	Constructions of treatment, recovery and medication	
Constructions of the soap opera genre in relation to mental distress storylines	Soap operas as having social import	
	Soap opera portrayals of mental distress as produced	
	Realism, research and respectful portrayal	

The construction of viewing practices involved in mental distress storylines	Entertainment	
	Viewing as an educative practice	Viewing soap operas as an educative practice – education as socially responsible
		Viewing soap operas as an educative practice – social comparison
	Wanting to see what will happen next	

APPENDIX M – Super-ordinate and sub-ordinate themes for all participants

Super-ordinate theme <i>(and description)</i>	Sub-ordinate theme <i>(and description)</i>	Data extract	Notes
Cues identifying the character as experiencing mental distress	Breaches of social convention	<p>2 And that's that er part um where you know that one fella in it, he, he, he's murdered one or two ((Interviewer coughs)) he's murdered one or two in it hasn't he?</p> <p>3 He took his mother out in his car, well she got in the car, and he, he had an accident and he could've killed her</p> <p>7 Erm...he got him to like put like a firework inside a building and...erm...can't really...like he used to put in his head that people were bad even thought they weren't bad people and turned him against people who were actually good people, and erm..then you realised after quite a while that it was actually his like person in his imagination.</p> <p>7 Erm...he lived at...he lived with his mum and he started getting really paranoid that like aliens were coming to invade...and he just like looked a mess, and was like just looked like he was like sweating all the time like paranoid of everything going on around him and erm...his mum just didn't know what to do with him, and it turned out he was schizophrenic.</p> <p>8 And... but I don't really like the one at the moment with Aaron self-harming. All the other terrible things that have gone over the last couple of years with him have been brilliant, but I find it really distressing watching the self-harming, even though you don't</p>	<p><i>Dangerousness, also disruption of social relations through hallucination</i></p> <p><i>Undesireable appearance, also incomprehensible, others not knowing what to do, diagnosis as explaining</i></p> <p><i>Undesirability of behaviour related to participants experience of viewing</i></p>

		<p>actually see what he's doing, you know what he's doing, and it's awful to watch.</p> <p>10 she was like quite promiscuous, quite... I don't think she ever... I can't remember if she ever did drugs like in those high times, but you know, she was like, went out and like, you know, spending loads of money kind of, you know, quite sort of the opposite, you know, to when she was feeling down.</p> <p>10 The way it was portrayed when she was on a high was that she was almost like taking quite a lot of risks and kind of like spending a lot of money and like sleeping with a load of people and, you know, not really caring about the consequences</p> <p>11 Stacey ended up having to go away because, while she was going through her, one of her more manic episodes, she got pregnant by ((pause)) it might come back to me who she got pregnant by, so she had a baby by somebody that she shouldn't have had ((laughingly)) basically, and then she was responsible for killing somebody as well, wasn't she</p> <p>12 John Stape that was quite a massive storyline that went on for quite a long time. And he sort of his mental health sort of deterio, deteriorated - is that a word deteriorated? - over I don't know a whole year and ended up to him you know kind of murdering, oh accidentally, killing people and things like that</p> <p>13 Yeah, yeah being a bully; it, it sort of...you don't go round hurt people and well they just think about</p>	<p><i>Promiscuity, spending, unrelated to context, high/low</i></p> <p><i>Not caring, breach of social responsibility</i></p> <p><i>Deterioration, dangerousness as culmination</i></p>
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		<p>themselves and then it's just hitting the bottle every time to block out whatever</p> <p>14 Well, her behaviour, change in behaviour: she was quite erratic; she was spending a lot of money and, you know, she was out late at night; she wasn't sleeping very well; she was... her dress was really inappropriate, you know, she was dressing in an inappropriate way; going out and, you know, lacking inhibitions. Just, just all the different symptoms that people experience</p> <p>14 But maybe one of the main ones was the money thing. You know, she spent so much money she didn't have enough money she lost her stall. It was a family sort of run stall, so she lost her stall. And she was owing money. So, that put the family in a bit of, a bit of a bother, you know, trying to come up with the money to pay for it so that she wouldn't lose her stall</p> <p>14 14 she was taken into the psychiatric hospital. Even down to the type, you know, the type of relationships that she had in there was really good; it wasn't a healthy relationship with one of the girls. And that, that can happen. You know, you think you've got a lot in common, and actually when you come out of hospital the only thing you had in common was people with a mental health condition. And she was kind of stopped with the girl, you know; she caused her a lot of damage.</p> <p>18 I'm assuming that he was supposed to be suffering from schizophrenia and he got to the point where he, I think he blocked his windows with paper or with foil or</p>	<p><i>Inappropriateness, disinhibited a general lack of social appropriateness. Empirical given of 'symptoms'</i></p> <p><i>Inappropriateness of spending reinforced through putting others at risk through it</i></p> <p><i>Other patients in hospital portrayed as harmful/dangerous. Also concurrent with theme of victimisation</i></p>
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		<p>something – he certainly used foil for something, maybe to cover his TV screen or something, but he was suffering from delusions quite badly</p>	
	Incomprehensibility	<p>4 I can't remember if something went wrong, or I don't know what started it, and then he kind of was becoming into this like completely loopy character.</p> <p>5 Well how it's portrayed is that... they just become disorientated. They become disorientated. And they... the way they portray these characters</p> <p>6 They act...they acted in their own way,. They just... I mean, like, where someone would think about doing</p>	<p><i>Absence of context, also 'loopy'</i></p> <p><i>Removed from reality</i></p> <p><i>'in own way', not in context. Also fits into</i></p>

		<p>something, when the... They'll just do it. They wouldn't think about it twice, and it's not as if they're doing something wrong. They'll be just going ahead and doing it. That's the only way I could describe it.</p> <p>7 That people were trying to...erm...kill him and people were trying to get him and aliens would come and things like that erm...with the Newt storyline it was the fact that they unveiled that this friend was all in his imagination, up until then you didn't really guess that there was...that he did have a mental illness at all...</p> <p>9 So like going wild she'd probably, you know, go... go out all night and just be very promiscuous, and turning to herself being, you know, the way she was previously she'd go out, maybe more or less sleep around and, you know, do all sorts, just drink uncontrollably, come home really just not want to see anyone, things like that</p> <p>9 I think it was paranoia when she'd be, you know, walking down the street just thinking that everyone was kind of talking about her or, you know...</p> <p>9 We know she's not quite right there all the time and, you know, she's in her own kind of lala world at times and things like that, and people just know it's because she's... she's bipolar, you know, she's had a condition.</p> <p>10 she was having these massive highs and massive lows and, you know, people, you know, sort of people around her were obviously concerned</p> <p>10 I guess the way that she portrayed it, in the sense that, you know, she was quite, she was quite erratic in</p>	<p><i>theme of incognisance, not thinking</i></p> <p><i>Unusual behaviour, given meaning through 'mental illness'</i></p> <p><i>Socially undesirable behaviour, also 'wild' and 'uncontrolled' removing meaning from actions</i></p> <p><i>Erratic behaviour, highs and lows, suggesting disconnect from sense, extreme suggests being more than what would</i></p>
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		<p>the sense of, you know, one minute, you know, like I said, sort of the extreme highs and the extreme lows.</p> <p>11 They've kind of mainly portrayed her as a little bit kooky for a long time without really putting their finger on exactly what it was</p> <p>11 the way I remember it was probably more the reactions of other people, necessarily than her behaviour, so it was a constant implication that she wasn't quite there, there was something a little bit wrong with her, and then, as for her actual portrayal of it, scatty, very kind of nervous and on-edge, a bit forgetful, that kind of not, not particularly specific things.</p> <p>12 I guess it's because that's not something that you would perceive that someone in that was in their kind of safe or right state of mind would do. You know, high levels of stress, I would probably say was a mental health kind of issue.</p> <p>12 I mean I think they probably use slight sort of stereotypes, you know, with the kind of the broken up speech, and the you know the physical kind of like not ticks but ... I'm trying to describe what I'm doing, you know, kind of sort of frantic sort of behaviour. Like physical behaviour. So I think they probably picked on those kind of - and like I said the sitting in the dark, you know, it's all kind of stuff that you you do associate with someone that is kind of losing their mind, if you like</p> <p>14 She'd thrown all her clothes out the window; which</p>	<p><i>be normal</i></p> <p><i>Other characters reactions confirm that she is not understandable, represent reality she has deviated from</i></p> <p><i>Also relates to programme as produced – third person description. Individualised to behaviour, speech breakdown</i></p> <p><i>Comprehensibility only given through attribution to 'psychosis'</i></p>
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		<p>is, I mean, the sort of thing you'd do things like that when you're psychotic because you think, imagine that there's something wrong with them or... and clothes, she told her mum what she'd seen, when she'd been scared.</p> <p>14 The thing is she had killed this guy; she'd killed this Archie. And there was... well, you kind of think: is that just, you know, a typical thing, you know; the headlines: oh, a person with bipolar or schizophrenia kills such and such. But it wasn't like that. There was a reason for it: he'd raped her and whatever, so.</p> <p>14 It was, she had these personality, if you like, clashes: one minute she was happy, the next she was hysterical, sort of thing. She was doing things that - without trying to stereotype - ordinary people wouldn't do; the whole behaviour side of it. So she wasn't willing to, so she wasn't willing to accept that she had the problem</p> <p>17 her behaviour was chaotic, she was portraying all sorts of personality disorder traits, and then she sort of totally lost it, lost it and became psychotic, and was sectioned, and stayed in a hospital.</p> <p>17 she became obsessed with the nurse and started dressing like her, had her hair cut like her, and really tried to become her, because she saw the nurse as a person she would like to become, and also as someone who had rescued her. And it was that that, it was her, her behaviour became more and more extreme, and that's when she went into a complete melt down and had psychotic episodes where she</p>	<p><i>Comprehensibility used to separate behaviour from 'mental illness'.</i></p> <p><i>Narrative starts as comprehensible, moves to incomprehensible (voices etc.) after 'meltdown'</i></p>
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		would see, she would see things. I'm not sure if she heard voices, but I'm pretty certain - because this is going back some years - I'm pretty certain she saw things ...	
	Programme cues that allowed the characters behaviour to be explained – diagnostic and psycho-social	<p>2 Yeah well he, he goes to er Af-Afghanistan and he comes back because he's injured; not clearly badly injured but anyway and he keeps going through phrases where he'll er like you know if he hears cars backfiring and things like--he thinks it's guns and, and he's hiding in...</p> <p>4 quite jittery often. Just kind of sketchy. Just like... you know, not comfortable. Just on the edge. You know? Like always that getting towards that mania in a kind of very like insular way.</p> <p>4 and like paranoid and things. And then sort of a lot of... probably quite a bit of paranoia and mistrust</p> <p>4 With the storyline of Joe in Eastenders, it seemed like he went so extreme into his mania and schizo kind of way</p> <p>5 there was a bit of time when Jean in Eastenders had a bit of a relapse, because her daughter had left, she was still quite depressed, her son had left already, so I would agree with, you know, certain life changes that happen to people can lead them to... they might have a relapse if they've already got... been diagnosed. Or it can lead them to become ill that way. And I just think... yeah, I would agree with them on that sense, because I think, "Yeah, sometimes people can't cope with what happens in life, and it does lead them to go</p>	<p><i>'mania', 'paranoia' and 'schizo', symptomatic/diagnostic language used informally</i></p> <p><i>Psycho-social basis, life changes, placed as triggers for pre-existing condition that caused them not to cope, implication that other people would be able to cope.</i></p>

	<p>down a certain route”, so they got that bit right</p> <p>6 Don't know what they've got but they're on tablets – antidepressants – to keep them stable and whatever, because when they don't have them they just...they go off the top. They go – how do I say it – they start drinking, you know.</p> <p>7 Participant: So in Hollyoaks there was Newt who had schizophrenia.</p> <p>Interviewer: Okay...</p> <p>Participant: ...or also actually I did watch a little bit of Eastenders when I was younger and there was that Paul Nicholls character who he had schizophrenia as well.</p> <p>8 Participant There was one last year which was in Doctors, where the receptionist had a breakdown and turned out to have schizophrenia</p> <p>8 Participant Well the first, the one... the one in Doctors, that was absolutely made crystal clear, I think because it's Doctors, there was no question that he had a mental health problem, because she ended up in... being sectioned.</p> <p>9 The one that probably comes to mind the most is the storyline with Stacey and her mum, Jean, in... in the programme. It was... they're both kind of bi... well the mother's bipolar and the daughter is kind of diagnosed with it as well</p> <p>9 I think she was getting very paranoid about things</p>	<p><i>Absence of memory for diagnosis, diagnosis assumed from memory of medication</i></p> <p><i>Summary of characters identified with mental distress, all identified through diagnosis of 'schizophrenia'</i></p> <p><i>Diagnostic idea of 'mental health problem' strongly reinforced through hospitalisation</i></p> <p><i>Heritability as a cue</i></p> <p><i>Stereotype of 'split personality', also 'not herself' identifies split</i></p>
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		<p>and she, you know, she wasn't really herself any more. She kind of... I think the main thing was she was getting... it was paranoia was the big, big thing. And I think she also, in terms of her personality, she kind of ended up having quite a split personality with it as well, to be honest.</p> <p>10 . Yes, Stacey Slater, 'cos she had, she had, she had bipolar and so...</p> <p>10 it was demonstrating, you know, sort of typical characteristics of somebody being quite depressed, so you know, like she sort of appeared to be, have quite low self esteem and, you know, sort of quite down generally</p> <p>10 I think she was raped and like, I think she was, quite a lot of stuff sort of was going on and it was kind of, like I say my timelines are not great, so you know, I might have these things wrong but I think sort of from there it was, you know, that's kind of when you noticed more this kind of erratic behaviour and, you know, sort of her sort of feeling quite unsure of herself and that type of thing.</p> <p>11 It turns out they, they portrayed, I guess the ((pause)) the possible genetic link on certain mental medical conditions, so Stacey had a condition that mirrored her mum's condition quite well.</p> <p>11 I'm saying it was exaggerated and dramatised, because I think more of those things wouldn't necessarily be noticeable without a good knowledge of what was actually going on. And, like you say, all the</p>	<p><i>between well and ill person, seen in theme of sympathy</i></p> <p><i>'typical symptoms' – empiricist rhetoric</i></p> <p><i>Psycho-social context drawn upon</i></p> <p><i>Heritability cue, backed up through participants own understanding</i></p> <p><i>Character descriptions and exposition used as cues. 'programme as produced' stance taken by participant</i></p>
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		<p>characters were almost, “Oh, we all know she’s bi-polar, therefore this fits with it.” And then we, as the viewer, were almost put into that position as well, where we knew where the story was coming from and therefore it made it more of a natural progression to assign all of her behaviours to this condition</p> <p>14 the one that sort of stood out for me was EastEnders; one of the characters, Jean, Jean Slater, she had a diagnosis of bipolar disorder. And she doesn’t keep very well; well, she’s on medication but she is very up and down, you know. Occasionally she’s had the odd sort of episode when she’s had to go into hospital. There’s her and then she has her daughter, Stacey, who also has bipolar disorder. And she was only diagnosed, well maybe it was only last year sometime she got her diagnosis; but I could actually see it, you know, you could see it coming with all the symptoms she was having, you know.</p>	<p><i>Several cues, diagnosis, medication, hospitalisation, heritability. Portrayal pre-diagnosis accessible to participant as construct of bipolar</i></p>
	<p>Programme cues that allowed the characters behaviour to be explained – humanist and moral</p>	<p>2 his own mother in it is trying to help him and he keeps pushing her away, he won’t have help off his mother. Um he keeps er how can I say, deliberately hurting himself and he, he sort of, he did cut his hand on something but he--you see him last night in the programme for instance deliberately trying to make it bleed and...in other words he’s--that’s mental in a way because he’s, he’s sort of trying to...</p> <p>Interviewer Oh that’s a really good example.</p> <p>Participant You know what I mean, he feels, he’s so hurting about it all, he can’t forgive himself because he feels as he’s killed his, his lover really.</p>	<p><i>Part of a long narrative given by participant involving the subjectivity of the character built up through a series of interconnected events</i></p>

		<p>2 Participant: Why did he kill her?</p> <p>Interviewer Mm.</p> <p>Participant Er because really to start the storyline right, erm they, they don't like...the woman he murdered really she was a teacher as well and um this chap in it er...oh no I've got the story wrong a bit, I'm just thinking, what happened to him was to start with, he, he imprisoned another girl in it didn't he because she was flaunting herself to him in the classroom and he, and he erm he ((done?)) his mother and father's house and er that's what started him doing that to start with that was, but he, he didn't murder her, he did let her out ((laughs)) but anyway Fiz, his--the girl who marries him believes he, he only done it 'coz he was provoked sort of thing you know. And er why he murdered the woman was because really they--he, because he, he done that thing and he said "you have to go to prison" because he'd locked this young woman up to start with um he decides to take on another fella's name who was a teacher because he wants to go back and be a teacher again.</p> <p>3 But this chap, he's now feeling very guilty and he wants to die himself now because he did, in fact, help his friend to die. But that was shown at his trial and the jury got him off. But he feels so guilty because he killed his friend and he shouldn't have done, he should've fought for him.</p> <p>3 Well in some cases it drove them to drink and mostly it was... it drove them to guilt. The girl who stole the</p>	<p><i>An example of the extensive narrative and contextualisation typical of descriptions of characters for whom mental distress was explained humanistically rather than diagnostically</i></p> <p><i>Examples of subjectivity, guilt, participant allowed to hypothesise about characters feelings and motivations</i></p>
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		<p>baby; she was guilty, she felt guilty, she was imprisoned as being guilty and she definitely wanted to go to prison</p> <p>3 The feeling of guilt that they can't get over and they must be punished, they want to be punished and they're not being punished and this is what's happening with Aaron in, in, in Emmerdale at the moment. He is desperate to be punished.</p> <p>7 And then he helped him...and then that character became...Jackson became really depressed and down, I suppose that's another one as well. Erm..and just couldn't cope anymore and just wanted to die, and just pestered his boyfriend and mum constantly to help him die. So then in the end they gave in and gave him the like this mixture of drugs for him to take so he died and know Aaron feels responsible like he killed him and thinks if he'd have waited another 6 months things might have been different, he might have changed his mind and so to like take out his...to kind of punish himself he is harming himself by...erm...he purposefully made himself have a wound on his knuckles...</p> <p>7 Erm I think it's quite good the Emmerdale storyline because...erm it's just like an...it's just somebody...it's the product of something so something really bad has happened to him and that's why he's then gone on to...punish himself an...so I think that it's...it's a good way...it's a good storyline because basically what, what he's saying is it could, if somebody else went through a similar situation they might struggle and in that way it doesn't necessarily</p>	<p><i>Moral/ Humanistic explanations consistent with context, behaviour described as purposeful and cognisant</i></p> <p><i>Characters behaviour rational/ normal to context. No separation from person and problem, could happen to anyone, also fitting with theme of sympathy</i></p>
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		<p>mean...it...it's because something's happened rather than...</p> <p>8 Participant He was really... I think how it sort of... they're trying to show what happened is he feels like he made terrible mistake with what he did. So following the trial, even though he was found not guilty, because the defence was so good, he believed the Crown Prosecution Service... the barrister... he believed that he had done the wrong thing. So even though everybody believed that he had done the right thing, he is now the only person who actually thinks he was guilty, and he would have liked to have been punished and wasn't. And got found not guilty. And it's just built up inside. He's completely traumatised by what he has done. And he's not sleeping, he's having nightmares, he's not eating properly. You know? So he's now found that by hurting himself, this in some way relieves the... the pain he's feeling inside.</p> <p>17 a young girl in Coronation Street – I will get to the answer for your question – a young girl seduced a teacher. So up until then he was fine, he had no signs of mental illness, but because of what happened to him, he, he became mentally unwell, because of that episode of him giving in to her ... and she seduced him, there was no doubt about it. So because of that, it, it portrayed, rather than something like schizophrenia or bipolar, it betrayed how situations can cause people to become mentally unwell.</p>	<p><i>Another example of meaning and purpose being allowed to behaviour, descriptions of subjectivity</i></p> <p><i>Interesting contrast / implicit separation between contextual reasons for distress and diagnostic reasons, either situations or mental illness can lead to behaviour</i></p>
Cues used to construct the	Explanatory discursive	4 I think Stacey is a character that, you know, you kind of quite like anyway. That she's just one of those like	

<p>storyline of characters experiencing mental distress</p>	<p>constructions, sympathy and intentionality</p>	<p>loveable rogue kind of characters.</p> <p>4 I'm not really sure. Maybe because they seem vulnerable or something?</p> <p>4 then it was interesting when it happened just how kind of deep she went and kind of misunderstood. Because she was kind of quite a like social character before. And then... and she ended up leaving from it. She had to go off to... she got sectioned a couple of times and things.</p> <p>5 And she would disappear for days on end and come back home and she would look a mess. She wouldn't know what she was doing. It was like she couldn't remember anything.</p> <p>6 They don't realise what reality is. They lose all account for that. They're the only two.</p> <p>6 Stacey was nice, I liked her. She was outgoing bubbly person. She was really nice and Mum – Jean's – always the happiest person on...that you can get on "Eastenders." She's always happy and bubbly,</p> <p>7 He was presented as a really nice person so initially just a really nice...erm like a suppose what, what you would call a normal kind of person, and erm...and then...that made, I suppose that made him contrast more with his personality when he wasn't well</p> <p>8 That storyline has finished. And she's not a character in it anymore. She... it went over a long period of time, her recovery and how, you know,</p>	<p><i>No memory, absent internal world</i></p> <p><i>Accountability removed through separation from reality</i></p> <p><i>Separation of well person/ ill person & associated sympathy reinforced through contrast in likeability</i></p> <p><i>Narrative of pity, helplessness of character</i></p>
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		<p>someone who she works with took pity on her and took her in and she stayed with her until she was strong enough to have her own place,</p> <p>8 She was completely lovely and normal the reset of the time, even though she was then going away and doing some really odd things. So no one guessed.</p> <p>9 I don't know, you kind of felt... felt quite sorry for her as well because you knew... know what type of a character she is and what she was like previously, and she's obviously going through something which she's finding really difficult to... to deal with. Or she's just not coming to terms with it.</p> <p>10 I've got a friend who's kind of suffered quite severely with depression over the years, so yeah, I think I'm pretty sensitive, you know, to, you know, to the, to the idea. So, you know, I didn't, I didn't think anything... I don't think I thought anything, do you know what I mean, I didn't feel negatively or positively about her, I just, you know, it was just something that she was having to go through and having to deal with.</p> <p>11 Participant: obviously it wasn't something that was major, he didn't go to prison for it. So, but the mother you know hated him, and her reaction towards him was always walk the other way, ignore him. And then more recently as all of this stuff came out, Chesney who's the brother of his wife, you know he's calling him all sorts of names and ...</p> <p>Interviewer Can you name any?</p> <p>Participant ... I don't know whether they'd be</p>	<p><i>Viewer pity allowed through idea of 'what she was like before', transient state of illness, 'going through something'</i></p> <p><i>Other characters who have been affected by behaviour then portrayed as nasty, use of known stigmatising language to reinforce this, victimises character, removes potential status as aggressor/ antagonist, similar to Ruth storyline</i></p>
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		<p>actually true, or just come from my own head. So I, just like he's a nutter, he's mad, he's crazy, that kind of thing.</p> <p>11 I liked the way that he was not just this kind of evil person, because I think you get quite a lot of that in soaps, whereas this was you know this kind of, you could see him as a bit of a victim as well, and these things just kept happening, and it was almost like oh no, he's you know, accidentally ended up causing someone else's death or something</p> <p>11 , you could always like him a little bit because he would he'd hold them hostage but he'd kind of come in, he's like oh you know it's all for my baby or it's all for my wife, and bring them food. And he, he couldn't see why he was ... you know, what he was doing was wrong, it was kind of like I have to, because otherwise I'll lose my baby and I'll lose my wife.</p> <p>14 Jean could be quite quiet at times obviously when her mood was low. But most of the time she was very bubbly and outgoing. A bit – what's the word for it? – maybe a bit silly, just a bit stupid, act a bit stupid sometimes. Just as, you know, she's not listening and then she'll come in and answer something that somebody asked an hour ago, sort of thing, you know. Just a bit ditsy – ditsy is the word I was looking for. She was a bit ditsy.</p>	<p><i>Victimhood contrasted to other soap portrayals of 'evil' as preferable</i></p> <p><i>'wrong' behaviour excused by insight into subjectivity and moral motivation</i></p> <p><i>Likeability associated with incognisence, ditsy, stupid</i></p>
	Constructions of treatment, recovery and medication	<p>4 But then... but then, you know, and it shows that, you know, medication is useful in helping and people can reintegrate with society and perform a valid role, even after they've come out of being sectioned and stuff.</p>	<p><i>Medication presented as nessecary for recovery, programme cue of sectioning reinforces benefits of meds</i></p>

		<p>5 a big part of the storyline was about her medication, how she didn't want to take it, and when she didn't she would become, you know, more paranoid and manic.</p> <p>5 Participant She just started taking her medication. She got pregnant. Yeah, she got pregnant and started taking her medication and then she just stabilised her behaviour.</p> <p>Interviewer: Oh, okay.</p> <p>Participant: When she was medicated. Yes.</p> <p>7 Interviewer: Right, and how did it end for him in the end? How did the storyline kind of conclude?</p> <p>Participant: Well it was his family shouting to him "Don't do it she's not real" and then he like just had a flashback of everything that had happened with it and thinking actually this person is in my head and he came down and then he realised that it was in his head.</p> <p>Interviewer: And what happened after...after that? What happened to tha character after that?</p> <p>Participant: He went back on the drugs and went back to like...acting like how he was before.</p> <p>Interviewer: So that kind of ended the storyline, that he went back on the drugs...</p> <p>Participant: Yeah and then he was fine...</p>	<p><i>Suffering due to not taking meds</i></p> <p><i>Medication only reason given for recovery</i></p> <p><i>Medication reparative, turns person back to how they were before. Also relevant to ill/ well person distinction</i></p> <p><i>Medication only reason for recovery, person 'fine' no side effects</i></p> <p><i>Sectioning scary, reinforces cautionary value of not taking meds/</i></p>
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		<p>8 Participant It was quite scary, actually, because I'd never seen anything like that before. So I didn't realise that that's what had happened... that's what would happen. But it was... I think the police were involved. You know, I think it was quite... quite scary, you know? Middle of the night. Of course it was quite dramatic. Middle of the night and they came in and sectioned her. Yeah, it was quite scary.</p> <p>8 Participant Well then you started to see the treatment she was having. And how she really, really believed that she was that person. Interviewer Oh, okay. Participant And that the other people were the people that were crazy, and they'd got it wrong, and that she was... you know, she really believed that she was that person.</p> <p>9 I think Stacey's mum had come into the... into the soap and, you know, she had mental health issues and, you know, you'd see that Stacey was kind of supporting her, or she was in and out of, you know, maybe a mental health institute. And also there was this thing about, you know, her taking her medication on time and stuff like that, so Stacey was very much on that. But then after she went through personal problems herself she started getting traits of, you know, her mum where it kind of was evident that she had... she also had mental health issues, but she wouldn't come to terms with it.</p> <p>10 And I mean from what I, from what I remember like, you know, she sort of had this sort of quite dramatic breakdown, then sort of went to this place and, you</p>	<p><i>agreeing to diagnosis</i></p> <p><i>Insight – character believes other people are crazy, then corrected</i></p> <p><i>Medication/ hospitalisation storyline</i></p> <p><i>Breakdown-hospitalisation-medication – recovery story arc</i></p>
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		<p>know, was on medication and, and then I don't really think... I don't think, it wasn't necessarily that the story was put to bed, it was just, I think from what I remember it was more that, you know, she was on this medication and so it was being managed.</p> <p>10 I can remember a bit where she wasn't that keen on actually taking her medication and you know, her mum was kind of, you know, her mum was kind of trying to encourage her to do so because it would, you know, because it would help her and, you know, because, you know, it would sort of make the lows less low and make the highs less high. But I can't really remember sort of, sort of more specific</p> <p>14 she didn't want to go on medication; and she'd actually stopped taking her medication and had a relapse.</p> <p>14 She's now doing well, taking her medication, you know, and she's got a lot of support from her family. So, it was nice for people to see that actually just taking medication sometimes isn't enough, you know; you could do with other things like support. Obviously they didn't go into different things that she could be doing to help herself; but, you know, the fact that she was taking her medication and stopped taking it and became unwell again I think that can happen with an awful lot of folk, you know.</p> <p>14 Somebody came along and tried to... the family tried to get her to, encourage her to go to the GP, which she wouldn't because she was paranoid;</p>	<p><i>Reluctance to take medication presented as naïve</i></p> <p><i>Medication vital, another cautionary tale. Family support included, specific mention of lack of cues associated with personal recovery</i></p> <p><i>Force used against Stacey justified due to her paranoia and reluctance to agree with professionals and family members</i></p>
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		<p>because she knew she'd end up in the hospital. That was the same with me. So, they got somebody along to the house; there were a couple of people and they just, they just sort of had to encourage her to go with them, and they just, they did have to use a bit of force – you know, not too much, but they did have to. And the family, Jean and I think it was the granny, went along with her. And that, that, that is allowed. And they took her in a police van to the hospital; which is what happened to me. And when she got in they gave her medication</p> <p>17 Participant she was medicated, she, I thought it was quite good the way they portrayed, she'd put the medication in her mouth and then not swallow it, and take it out. So she'd pretend, and that, again, in my experience, happens, that people are given medication and they will quite often hide the fact that they're not taking it. So that was good. And the storyline went on for, I would say, three ...</p> <p>Interviewer What was the result of her not taking her medication?</p> <p>Participant She got worse and worse and worse,</p> <p>17 but there were situations where she would find herself getting uptight, and rather than someone else saying, talking it through with her, she would, she would realise, after a little bit, that actually this was part of, this was because she had a personality disorder, that she was reacting in the way that she was, and not because there was something wrong with the other person.</p>	<p><i>Storyline involves character first thinking there's something wrong with others and then realising fault with self. Insight story arc</i></p>
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Constructions of the soap opera genre in relation to mental distress storylines	Soap operas as having social import	<p>3 Very sympathetically, I think they're portrayed very sympathetically. And, as I say, it's a shame really that they're derided whilst... because it is a derision really, calling them soap operas. I know it was the soap people who started them and that's why they're called soap operas. But, you know, if people think you watch that, they think you're watching rubbish. But, in actual fact there have some very good, very sincere portrayals in those programmes.</p> <p>3 Well I think it's a very good one because it brings it, it brings it to ordinary people. Because you don't find many people who voluntarily admit that they watch soap operas.</p> <p>3 Which I call rubbish because, let's face it, that's what everybody calls it. But it isn't, it's very well written. Those scripts are extremely well written.</p> <p>3 I like to see it being sympathetically dealt with. I like to see that there are people who can get help and are offered help without it being derogatory. Because I think this is the, the danger that people think, you know, they used to talk about bedlam, well bedlam was the, the, the... I mean they used to put young women who had babies in to those homes</p> <p>5 Participant Yeah. So it's not very... yeah, it's not really representing real life. I know it's not. But they're trying to put a point across but the point they are</p>	<p><i>Sympathetic and realistic (sincere) portrayals constructed as 'good'. Soaps defended against assumed reputation of being 'rubbish'</i></p> <p><i>Reference to poor reputation of soaps, social import of bringing a message to people</i></p> <p><i>Derogatory portrayals associated with stigma, stigma linked to historical context of poor treatment of people within psychiatric services</i></p> <p><i>Statement of media awareness, meant to be representing real life but</i></p>

		<p>saying is that you find more women who are a bit crazy upstairs, and you find men who, you know, can't handle their drink.</p> <p>Interviewer Yeah.</p> <p>Participant And are more abusive, which to be honest it could be either or.</p> <p>5 Interviewer And would you enjoy watching that?</p> <p>Participant No. Probably not, really! But then it wouldn't be a soap. That's the thing. There's no balance. It is just more about the entertainment as opposed... So then... I just... then in that sense, I think maybe soaps aren't always the best to show mental health problems, because they are not... they are not showing it that well. The acting is great, but in terms of... if they're trying to be informative, they're not quite there yet.</p> <p>Interviewer So they kind of have a... they have a like a responsibility to be informative?</p> <p>Participant Yeah.</p> <p>Interviewer That kind of supersedes that of being entertaining?</p> <p>Participant Yeah. Exactly.</p> <p>Interviewer: So it would be better to be... not to be there at all than to be misinformative?</p>	<p><i>doesn't</i></p> <p><i>Social import, a duty for soaps to be informative, over that of entertainment. Entertainment contrasted against realism as inappropriate</i></p> <p><i>Personal story of</i></p>
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		<p>Participant: I think so. Yeah.</p> <p>6 To be honest, the only way it affects me, it's opened my eyes up to...to understand other people. It's opened my eyes up not to judge someone when they're...someone's doing something to say... I just say to somebody, "There might be something wrong with him. Leave him." You know, I don't jump in to screw...scream at someone. It's like, you've got to have patience with people</p> <p>7 Participant: If...if...you...if I was diagnosed with schizophrenia I'd think I was probably a lot...it was...er I can't think of the word...but it was a lot worse than it probably is...</p> <p>Interviewer: ...okay...</p> <p>Participant: ...because it's portrayed as being something that's really bad and that...that really affects your life and that...I don't know...</p> <p>8 But I do think that they also give information to people who might have seen things... or seen people with mental health problems in a different light.</p> <p>9 it's the aftercare and stuff like that, maybe things that they haven't highlighted or covered fully which would probably be useful for people to know, because some people... well I... if I didn't know any better I'd think, oh well, that maybe... maybe that wasn't that serious because it might have just been, you know, a year of her life and she looks absolutely fine now</p>	<p><i>becoming more socially responsible through watching soap operas</i></p> <p><i>Reference made to the potential use of soap operas to make judgements in the real world, portrayal described as extreme</i></p> <p><i>Belief that viewer attitudes can be changed through watching soaps</i></p> <p><i>Idea that mental health storylines should 'highlight' issues, potential for portrayal to downplay severity of mental distress. Implication by contrast that participant 'does know better'</i></p> <p><i>Realism, sensitive issue</i></p>
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		<p>10 I'm sort of totally not judgemental, so I guess... I guess it's difficult because, you know, because it's a show isn't it, so, you know, yes you know that people, you know, real people are affected by what she's going through, you know, I mean I didn't sort of...</p> <p>10 I mean I remember thinking that they'd done it quite realistically and then, you know... You know what EastEnders are like, whenever they deal with quite a sensitive issue they'll always put like a helpline, you know, at the end, so you know, if anybody's going through similar things and, you know, wants to speak to somebody, you know, they've got the opportunity to.</p> <p>10 I watch like a load of like, you know like shows like about like people who are in prison or something and, you know. So it's just kind of, it's just like interesting 'cos like that stuff does happen and yes, EastEnders, you know, it's not real, but you know, they're still covering stuff that does happen in real life. And, you know, in that sort of way I just find it quite interesting.</p> <p>10 I guess it kind of gives you a better understanding of something, you know, because there'll be people who watched it who didn't know what bipolar was, and you know, maybe have sort of certain prejudices about it or whatever and, you know, you hope that, you know, because of the way that they handled it, you know, you hope that, you know, those people sort of maybe think of it in a different way.</p> <p>10 you've got the other stuff that's just like, you know, sometimes it's just a little bit of farce really, you know, it's just like you think this probably wouldn't happen,</p>	<p><i>and social responsibility (helplines) associated</i></p> <p><i>mental distress storylines represent something that happens 'in real life'. Genre expectations of this</i></p> <p><i>Ability of soap opera portrayals to change social attitudes positively</i></p> <p><i>Contrast between mental distress storylines and other 'farcical' storylines</i></p> <p><i>Construction social</i></p>
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		<p>but you know, I think that when it comes to the serious stuff I think, you know, they tend to handle it quite well.</p> <p>11 the society in general we live in, has very, very poor understanding of mental illness, I'd say, in general, and, for most people, there is a very black and white situation, where it's: either you're normal; or you're mental. And mental covers, is a large umbrella, covering all sorts of different things. And I think when you kind of look at the way people are stigmatised, if they've ever had anything that's described as a mental illness, be it sometimes through portrayals, or being real life, like, difficulty finding work sometimes, and difficulty finding houses, and difficulty with friends and things. When it's displayed on something like EastEnders which, I personally think, as a general rule, they try and portray sympathetically to put a message behind the portrayal as well, so that it's almost, kind of, playing a part in educating people - along the lines of, "Listen this is out there, but it's not as bad as you think kind of ..."</p> <p>12 I think there's quite a you know it can be quite a taboo area. And there were those adverts on the telly recently about this guy. I know you've probably seen them, but the guy kind of coming back to work after he'd had time off and someone goes how do you how do you feel now? And he sort of shows a few different ways that he might react to that, if it was this big taboo subject, and then actually at the end he just goes yes I'm fine thanks for asking. Trying to sort of normalise it, make it Yes I think probably it is quite a misunderstood area. I think it's probably a massively broad area as well, like from sort of minor depression</p>	<p><i>attitudes of stigma and negative effects on people identified as experiencing 'mental illness', soap operas presented as having a role in challenging this</i></p> <p><i>Soap operas presented as having the potential to normalise mental distress, and increase public understanding. Directly compared to a public service advert.</i></p> <p><i>Implication that the 'tasteful' portrayal is contrary to reputation of soaps</i></p>
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		<p>you know up to absolutely can't, can't function. Yes.</p> <p>13 No actually I've been um people are surprised at how they have thought these storylines are and I think they have done them with taste...</p> <p>14 what would make me angry would be if they made a story that was all doom and gloom and that, you know, you never recover from it. Do you know? That would make me angry. Or you would, just because you had a mental health condition, you would be committing these horrible crimes, you know, or be a nasty person or be... drink all the time or take drugs, just because you had a diagnosis of a mental health condition.</p> <p>16 I feel it's very important; it's not exactly something you can whitewash, it's happening in real life. Soaps are supposed to, in a way, reflect real life, and if they don't ((work?)) with it then they're not doing their job.</p> <p>17 I think for people who are living with a personality disorder, or living with someone with a personality disorder, they may be given false hope, and for the general public, I think that it's, it was an unrealistic timespan, because my experience of people with personality disorders is that it can take years and years and years.</p> <p>17 what I like with all the soaps, is that they are raising the issue of mental illness as being something ... I mean I think in Casualty they portrayed someone, a doctor with mental illness. In Emmerdale they portrayed a, a young man who self-harms as his way</p>	<p><i>Special status of mental distress storylines, participant has specific expectations of how they should be portrayed, positive portrayal desirable</i></p> <p><i>Soaps constructed as representing real life, having a duty to represent MD as this is part of 'real life'</i></p> <p><i>Unrealistic portrayal can have deleterious effect on viewers affected by 'personality disorder'</i></p> <p><i>'raising issues' a positive aspect of soaps for the participant</i></p> <p><i>Defending soaps against reputation using idea of being a good medium for information</i></p>
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		<p>of dealing with the distress in his life.</p> <p>17 I think that, I think it's probably a very good medium because a lot of people watch soap operas, and I would be very happy for the stigma of soap operas to disappear, and therefore I'm not unhappy at all.</p> <p>17 she's got bipolar and she had a manic episode that lasted a couple of days, before Christmas, and then she was fine again, because she immediately started taking her medication. And I think that that side of it is not good, in that people who do not know anyone who's suffering from, or who has a mental illness, may expect them to, you know, get better quickly.</p> <p>17 the period of time for her to recover and lead a much more normal life was very short. However, I understand that it, it, if they had carried it on for too long, people would get bored. So I understand that, why they did it, but I think for people who are living with a personality disorder, or living with someone with a personality disorder, they may be given false hope,</p> <p>18 I mean I'd sort of defend, I quite, I actually quite like Coronation Street and I'd kind of defend it to a certain extent; I think it's a good, well-written show but I still definitely, there's definitely elements of that show that are, are sort of traditional and unchanging ways of telling a story that will occur across all soaps.</p> <p>18 there is also a feeling that all soaps need to have certain responsibilities to society in general. I mean there have been suicide attempts in EastEnders one Christmas day, several years ago, after which,</p>	<p><i>Another example of expediency made for narrative (fast recovery) having potential to have negative effect on public attitudes</i></p> <p><i>Defending show as well written against implication otherwise</i></p> <p><i>An example given of how soap mental distress storylines can have a negative influence and outcome on viewers</i></p> <p><i>Drama not appropriate due to social import</i></p>
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		<p>apparently, according to the papers, several women did commit suicide, and some thought that it might have been copycat,</p> <p>18 with that one, I think it was just, it just felt a bit dramatic for a topic that's kind of important and under, under-discussed.</p>	
	Soap opera portrayals of mental distress as produced	<p>2 some of the storylines are a bit over the top ((laughingly)) if you know what I mean.</p> <p>2 Um I think they can be a bit er too dramatic at times really you know ((laughingly)) ((Interview coughs)) I suppose if they can get a story out of it ((laughs)).</p> <p>2 Well um ((?)) I don't know really, seeing them all live happily ever after really I suppose but that'll never happen because they've got to keep the story going haven't they so...so I don't think, that couldn't happen really ((laughs)) because that would be the end of it ((laughs)). And people are always looking ((clears throat)) for something dramatic to happen aren't they?</p> <p>4 you say that in your ideas there's more of a range of what mental health difficulties there are, but you find that in soap operas they portray the more extreme end of it?</p> <p>Participant Yeah. Yeah. Because it's a drama, really. You know? They have to show that drama.</p> <p>4 Participant I guess you just take things more with a pinch of salt, because you just know that they're going to try to heighten the drama.</p>	<p><i>Construction of soaps as dramatic by nature through description of producer agenda to meet entertainment needs of viewers. Drama excused as necessary for genre</i></p>

		<p>4 and Stacey kind of went in and out. She went off to... went in to get sectioned and you weren't sure if she was ever going to... and then she would come back. But then Eastenders always needs places for people to go. I always see it like that. You know? That people... it's inevitable that they're going to go to jail because they've been looking like they're pregnant in real life. You know? They've been trying to hide it with their clothes and so they need to go to jail for like a year.</p> <p>5 Participant I think... I think they can be informative for someone who doesn't know anything about mental health problems. However, I do think that it can be over-dramatised sometimes. But that is... I know it's for their entertainment value anyway, as it's just to get more reviews</p> <p>5 Participant The fact that it was a soap opera I'm watching it on, it does make me think it is a bit dramatic. It's almost as if you don't believe this could actually happen in real life, when it can, but because it's a soap opera you have the... you only have the ideology that, "Oh, it's just TV, they've made it up, it's not exactly like this". You know? And that's actually the reputation or the identity that soap operas have.</p> <p>7 Erm...I think that the way that schizophrenia's being portrayed in both those storylines is like an exaggeration of what schizophrenia really is like, because a lot of people are diagnosed with schizophrenia but then they're not like...extreme like seeing like people and imaginary friends and things</p>	<p><i>Storylines represented as potentially a function of real-world events concerning the cast</i></p> <p><i>Participant positions self as someone who *does* know about mental health. Drama/entertainment linked to producerly agenda to improve reviews</i></p> <p><i>Produced/ unrealistic nature of show assumed from genre expectation</i></p> <p><i>Portrayal understood as exaggerated version of an underlying reality</i></p>
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		<p>like that....</p> <p>7 I suppose even though it's not real you do kind of in your head when you're watching it think it's real, even though it's not.</p> <p>9 they probably highlighted it at a high level so not... they've obviously shown, you know, this is the way, you know, the condition is and this could happen. But I don't think they probably highlighted it enough; I'm sure that there is a lot more that goes on with... Yeah, I think there's more that goes on in the real world than how they highlighted it in... in... in the soap itself.</p> <p>10 I think it was, I think it was quite realistic in that sense, you know, I mean, you know, like I say I'm under no illusions that it's not real, you know, they're all characters, but you know</p> <p>10 You know, it's a drama as well, so you know, they've got to do that drama, so you know, it's, it's difficult to know... There could be people who have bipolar who are exactly like that, there could be people who have either higher highs and lower lows than she had, do you know what I mean? And you know, but I appreciate that they've got writers and, you know, the writers need to do it in a way that people are going to want to keep watching it.</p> <p>11 they portrayed different aspects of that typical dramatisation; reasonably well done, I thought.</p> <p>11 I think, once they actually started concentrating on the bi-polar, it was, I'd say that they were exaggerating</p>	<p><i>Understanding of soap as unrealistic used to assume difference from real world, rather than vice-versa</i></p> <p><i>Reinforcing media savvy image</i></p> <p><i>Drama defended as necessary for programme, also defended through 'realism' not being possible due to diversity i.e. diversity used to defend realism of single portrayal</i></p> <p><i>evaluation of how realistic portrayal is presents participant as discerning</i></p> <p><i>Comment on realism presents participant as</i></p>
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		<p>((pause)) based, based on reality, but exaggerating to, kind of, make the story and dramatise it a little bit, so ...</p> <p>11 I appreciate that not everybody with certain conditions will display and manifest every single symptom there is, and it's almost like they put in as many symptoms as possible into it.</p> <p>11 So I'm kind of now aware of a possibility that that is, without totally accepting that that is, because of the fact that I know it's fiction, and I wouldn't just take anything off it and say, "Well, that must be true", you know.</p> <p>11 there must be a point where there, there, there must be grey areas in there. It's not necessarily a black and white thing. Whereas the way they portrayed the Stacey story was very black or white; probably to make the point that for a soap opera is quite understandable, I'm, I'm thinking.</p> <p>17 And so I try very hard to say, 'Well, what you see on television isn't, you know, that's not the whole story. Remember that's done for entertainment and it doesn't tell you all the other bits.' So I do try to let people know, that yes they're getting a glimpse of mental illness, but it is a television programme and it's not the whole thing.</p> <p>17 . I think they have traits of realism, but because it is a television programme and is for entertainment, that in some ways they have to sensationalise things. So they, with, I think with nearly all of the portrayals of</p>	<p><i>knowledgeable of both mental distress and influences on production</i></p> <p><i>Another example of ideas about storyline being given to project a self image 'I wouldn't do that' – a stake inoculator</i></p> <p><i>Defending soap portrayal whilst separating self from it</i></p> <p><i>An example of an anecdote being given to reinforce saviness towards genre</i></p> <p><i>Another example of defence of the drama, distortion of reality expected from genre</i></p>
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		<p>mental illness, it has, they don't show the boredom of it and the relentless day in, day out.</p> <p>18 the nature of drama, it needs to keep a level of heightened drama steps going five, about three or four days a week, because it's that they have to, have people acting in a slightly overblown or, not necessarily, you know, not, not normal way</p> <p>18 you never really get in very deep with these people, you know, you know how fictional they are, and of course you see the actors who play them on I'm a Celebrity, Get Me Out of Here, and that sort of thing, so it's, it's not terribly immersive and I don't think it's very, it's not, you don't, I never feel that I've been moved by watching a soap.</p> <p>18 I think, I think it really got to the point where he may even have actually worn a tin foil hat, so I think at that point you felt maybe ((00:16:32?)) It went a little bit too far, a little bit bizarre, and given that, you know, they probably would never have before or since have diagnosed schizophrenia in the storyline, then that would be their one and only shot at it, and so they probably might have dressed it up a little bit scary.</p>	<p><i>An example of a sceptical position distancing participant from the portrayal</i></p> <p><i>Judgement on extremity of portrayal positions participant as opposed to it, but also defends through understanding</i></p>
	Realism, research and respectful portrayal	<p>3 No, I don't think I would disagree with anything because I think the scriptwriters have had very good advice. They have doctors and surgeons and specialists with them on these storylines, apparently, and they do check them if they're doing anything wrong. So that when they're discussing things, all the other supporting cast, they all seem to be sympathetic to them.</p> <p>5 You have in some shows, they'll be on the internet</p>	<p><i>Several points, deferment of authority to programme makers, cannot disagree because they have done work. Also use of medical authority in stating sources. Direct link to research and sympathy.</i></p>

		<p>and they'll research, "Okay, this is what's going on" and they will find information on the internet. This would give the viewer like me an idea that, okay maybe there is stuff on the internet for them.</p> <p>7 I think that's a better way to portray mental illness because a lot of people have it like suffer with depression and things like that but they never really show that in the soaps, it's always one extreme to the other.</p> <p>8 over just a few... a couple of months as opposed to a year.</p> <p>Interviewer Sure. Yeah. It's interesting you mentioned the soap awards actually. I'm wondering like did seeing that it had won a soap award, did that kind of reinforce the idea that it was quite realistic? That they'd done quite a bit of research on it?</p> <p>Participant Yeah. Because... yeah. Yeah. Definitely</p> <p>9 , don't they, if they do kind of storylines like that. So if it's, you know, just because it's a soap opera and not, you know, a documentary about mental health, you know, I don't feel any different, I mean they're obviously playing the parts as they feel, or they... they must have researched it somehow. So it's kind of... it's interesting to see how it is in real life, or as much real life as you can get</p> <p>9 So, you know, there's a big part of it you just don't know where their research was carried out from. So I</p>	<p><i>Own ideas used alongside genre ideas.</i></p> <p><i>Summary of what participant had been saying agreed with, soap awards felt to reflect realism and research. Circular logic of reality-awards-research</i></p> <p><i>Assumption of research, that the actors could not have portrayed it without research. Research often assumed from agreement with portrayal or judgement of quality. Also research notions required to fulfill a viewing need of education</i></p> <p><i>Research prized as realistic, soap realism judged against this</i></p>
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	<p>guess it would be different in terms of the two. If I watch a documentary it would be like, yeah, 100% I believe them or whatever they've obviously done their research or it's quite...</p> <p>9 Because I have been a little bit briefly in the past as well I kind of thought, yeah, okay, it is quite similar; there's nothing that stood out as alarming and for me to think, you know, that's really unrealistic or, you know, it should...</p> <p>10 I think it was quite realistic, I mean I, I've never... I've never sort of... Well, I was going to say I've never met anyone who's bipolar, I don't know that because, you know, they could have been and I wouldn't know about it, do you know what I mean? But, you know, I don't, I don't feel that I have a massive frame of reference</p> <p>10 I sort of feel that when they do sort of deal with quite sensitive issues, you know, I do feel that, you know, they... You know, do you know what I mean, I do feel that they've done the research and, you know, they're not just kind of portraying sort of quite negative views of... You know, whatever the issue is, you know, whether it's like mental health or abuse</p> <p>10 Interviewer Okay. When you say, 'handling it well' what do you expect from a storyline that's handled well?</p> <p>Participant Just to be... I don't know, it's just good to sort of, just to sort of show what I think is, is reality if that makes sense.</p>	<p><i>Simirailty between portrayal and own experience generalised to general reality</i></p> <p><i>Declaration of naivety inoculates against presumed challenge, legitimises subjective judgement of reality/research, also positions producers as responsible</i></p> <p><i>Research again associated with respectful portrayal, no further evidence for research given, assumed.</i></p> <p><i>Realism=good portrayal</i></p> <p><i>Factual equated with respectful, contrasted with assumed other of a mocking portrayal</i></p>
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		<p>10 So I think when I say, 'handled well', I mean it's, you know, it's kind of, it was portrayed in a, in a respectful way so as not to kind of mock those who sort of suffer with the same thing. And, you know, in sort of a quite factual way...</p> <p>14 I actually think it was a really, really good one. It wasn't done in a jokey manner, not in any sense at all. The programme makers and the producers, they've obviously researched it really well, so they've been able to review it properly.</p> <p>16 Well, obviously she's done her research too and she's talked to people that have had it, heard it first-hand. She portrayed it like someone with actual bipolar had it. I think Kerry Katona, although that's probably not a great example, ((laughs)) but she's got bipolar. Obviously the actress had researched it fully, so she knows how to play it.</p> <p>16 Again, I think that is pretty much true to life. I think they all did the research, not just the actress but the whole team did the research. The research that you know a section can happen, and it does happen, and sometimes it is necessary for the patient's safety, and I think it was well portrayed.</p> <p>16 How, how could they have done it badly? If you think what would have been a bad way to do it?</p> <p>Participant If they hadn't researched it as well as they did, or just not researched it at all and just decided, 'Right, we're going to have this storyline in the soap, and this is how you're going to act it, but</p>	<p><i>Further example of research/good vs unresearched/jokey dichotomy</i></p> <p><i>'obviously' presents as a priori given. Privilege of research to actress rather than writers, judgements of realism focus on character rather than script?</i></p> <p><i>research and realism part of a rhetoric that defends against potentially contentious inclusion of forced hospitalisation as real therefore acceptable.</i></p> <p><i>Another example of research as important to actress rather than producers. Again research equated with good portrayal</i></p> <p><i>Making out that an unresearched portrayal would be obvious (for</i></p>
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		<p>we're not going to bother researching it or looking at anything to do with it.'</p> <p>16 I mean I know a lot of people don't have first-hand experience of mental health issues, but the person ((?)) family, they wouldn't really know if it had been researched or not. But I think, personally, if they hadn't researched it, and just decided to put it on anyway, it would have actually come across that way.</p> <p>16 Just, as I said before, the whole portrayal of it. It's obviously been well researched by both Lacy Turner, the actress, and the production team management, the whole EastEnders. It's obviously been well researched and not just, 'Right, we're going to have this storyline; this is how you've got to act it.' They've obviously gone out and met people that have it, are affected by it, and therefore can portray it true to life.</p> <p>16 Participant No, to be honest, I think they portrayed it really, really, really true to life. I don't think they could have done anything different.</p> <p>Interviewer How, how could they have done it badly? If you think what would have been a bad way to do it?</p> <p>Participant If they hadn't researched it as well as they did, or just not researched it at all and just decided, 'Right, we're going to have this storyline in the soap, and this is how you're going to act it, but we're not going to bother researching it or looking at anything to do with it.'</p> <p>Interviewer Yeah. How would you ...? How do you</p>	<p><i>unspecified reasons) allows claims to research without comparison to real world experience being nessecary</i></p> <p><i>Very involved description of research, who was involved, how it was done, detail used to reinforce argument</i></p> <p><i>Acting quality used to confirm research</i></p> <p><i>Factuality and sensitivity equated. Humour</i></p>
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		<p>think you'd know if you were watching it and they hadn't researched it? What would give it away?</p> <p>Participant I would say more (iffy?)) acting.</p> <p>16 it's being portrayed in a way that I feel, you know, it should be portrayed. It's been treated sensitively, been treated true to life, and there has never, at any point whatsoever, been any joke made of it.</p> <p>18 I think that's probably the frustration. Not the, not the frustration that, you know, we keep seeing this miserable person in the storyline, more that if you care about them at all, you can feel their suffering.</p>	<p><i>derided as inoculation against potential accusation of enjoying a mocking portrayal</i></p>
The construction of viewing practices involved in mental distress storylines	Entertainment	<p>5 Participant Yeah. That's the thing. That's why... I don't know how it would work. That's why I think they kind of cut a lot of it out and just, you know, they just make it just for the entertainment values. They just, "Get one person in, assess them, go out". Because... but then again I think the soap needs to have the balance in terms of do they want the person to understand what's going in fully and be able to know where to get help from? Or do they just want them just to be entertained? It's kind of... you need to get the balance right a bit. And they are getting the entertainment there, but they have to balance it out with... you know, someone could be watching the show and think maybe they have those symptoms and where would they go, and it's interesting to see that on the show, because it might make them less scared to seek help. As opposed to it being a cold room, the psychiatrist sits there and it just... I think it can put people off at the same time as giving them information.</p>	<p><i>Entertainment/ realism represented as a dichotomy. Entertainment positioned as potentially harmful, realism as informative and helpful. Notion of entertainment as necessary, but presented as necessary to attract other people, distances participant from this</i></p> <p><i>Contrasted to reason for</i></p>

		<p>9 I wouldn't.. I guess it wouldn't be entertaining as in the fact that, you know, it's something good to watch, something quite emotional, something quite sad to watch, you know, and it's quite sad because you're watching... you want to escape but then you're watching something quite depressing and sad as well ((laughs)). On the flip side it's... again it's, you know, it's... it's a big issue and things like that maybe people out there don't really know what the conditions are really, and so, yeah, it was quite... it was quite sad. And I think once you're attached to... if</p> <p>14 he had played some good parts and he had some good fun in it, you know what I mean; he wasn't always... you know, he wasn't what the papers were saying; all the, all the papers say: oh he's schizophrenic, ((?)) and whatever, you know. You just never hear any of the good, good things how, you know... It's all sensationalism and it really annoys me. I just try and do my best and challenge it.</p>	<p><i>watching soaps generally as entertainment, tragic storyline makes entertainment wrong word. Informative values makes up for lack of entertainment here? Again it is other people who aren't informed, not pp.</i></p> <p><i>Possible example that lack of entertainment is stigmatising? Lack of entertainment equated with not showing character as fun.</i></p>
	Viewing as an educative practice	<p>2 I don't know really um I suppose really when you think um they, they sort of have these storylines to er bring over to everyday life really that er it does go on, that people do suffer mentally don't they and um you don't know by looking at a person that they've got mental problems do you, I mean they, they can look quite normal sort of thing if you know what I mean</p> <p>2 Um well I think it brings it home to people that um there are people who do suffer mentally and it probably makes people realise that you know that</p>	<p><i>Awareness raising as producers purpose. Mental distress as hidden and duty of programme to reveal people who aren't 'normal' but look 'normal'</i></p>

		<p>everything just doesn't run smoothly as there are people who do suffer like.</p> <p>5 . It gave me new ideas about family members and how they handle someone in their family that's been ill mentally. And I think it's interesting that a lot of the soaps, especially Eastenders and Coronation Street, have focussed a lot on the person who's ill, which is good, because you can see how they're coping and if it will affect their mental state. I know there was... there was an episode of Coronation Street years ago. I think Mike, I think he had dementia or something...</p> <p>5 The thing about soap operas is they make it come to life and they make you... you know, experience it, so to speak, through the TV in terms of, "Okay, this is what can happen", and because you experience it in that sense, you might be more aware when you're on the streets, you know, of people who are around who to you don't look quite right. You might be more aware of reading it. You might have less memory of, "Okay, this is what's happening". It's like those stroke adverts, you know? On TV. They actually have to show... they actually show you what's going on, what a stroke patient would look like, as opposed to, you know, handing out leaflets saying, "This is what it is. You need to see it, and I think for some people it helps their memory more.</p> <p>6 Do you know, sometimes the information is good. No, sometimes it is good because, you know, you like...you get to hear...because I didn't know what bi-polar...I didn't even that bi-polar existed until I saw it there. You know, you didn't know there's...there's</p>	<p><i>Educative importance reinforced through personal example. Pp. presents self as becoming educated</i></p> <p><i>Soaps in particular as educative through experience rather than information. Praised because they help to become more aware of difference i.e. 'on the street'.</i></p> <p><i>Defending against unsaid criticism that they're not informative. Representing truth.</i></p>
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		<p>things that I wouldn't have even known, but then you do. You pick it up on TV and think, "Yeah, that's true, yeah,"</p> <p>7 Erm I like stories about things that maybe hasn't been discussed widely before, so it might make you understanding it more or...erm...[long pause]...it...yeah you can learn a lot just from the story lines, just what happens in, like in a certain situation, yeah...</p> <p>8 Because this girl who she was... who she stole the identity of was her best friend, so she was staying at her house and she was taking her things. But they still didn't realise that she was doing that. So it was... it was the fact that she was doing all these really strange things, and nobody really noticed for so long. It was like she had another little life going on, away from her work colleagues and her friends.</p> <p>9 I think... I don't think... people don't realise sometimes how much, maybe, you know, mental health could impact others around you as well and how people deal with it. So it is quite an important part in family life and, you know, friends and work and everything.</p> <p>10 I knew it was portrayed quite well in the sense that, you know, on, on the telly, you know, when you're watching it, and you know, it's kind of like, it's that level of people not understanding. Because I guess that's the main thing with mental health isn't it, that you know, a lot of people don't understand and, you know, there's a lot of people who are just like, you know, pull</p>	<p><i>Mental distress as hidden, not widely discussed, watching to discover things.</i></p> <p><i>An in-storyline example of not being aware of mental distress allowing harm (theft) to happen.</i></p> <p><i>An example of how an in-storyline theme of people not understanding reinforces the participants view that the storyline is important for awareness raising.</i></p>
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		<p>yourself together, you know. You know, stop being ridiculous. And, you know, I think that that was, I think they portrayed that quite well, you know, with the people who kind of maybe did understand it and the people who didn't really understand it.</p> <p>10 I like the idea of sort of helping people and, you know, I don't want, you know, I don't like it if people are upset and, you know, I think, you know, I'm generally sort of someone who people can talk to and... So it's more sort of, I guess it was more sort of the interest of, you know, seeing how the story played out and seeing sort of, you know, like... I guess understanding her troubles and I guess it's then sort of thinking oh, you know, let's say if I did meet somebody who, you know, who had suffered from something similar, you know, it might, wrongly or rightly, probably wrongly, because it's, you know, it's a TV programme, but do you know what I mean, it might sort of make me sort of feel that I had a slightly better understanding of it.</p> <p>12 Well, with this storyline I think the thing is his wife ... his wife who is his closest you know ally didn't recognise it as a a mental health issue. So it wasn't dealt with in that way. So she was the one supporting him but in a sense she was supporting him like but also leading him down the wrong path in a sense.</p> <p>13 And I think that that's happening, going back to mental health, a lot of them that's coming back, that they're living on their nerves so you cannot expect them to go back to normal life and I think most of it...I know the ((?)) things like that, but mentally this is--I</p>	<p><i>Use of soap for information and understanding articulated by participant has function of presenting them as a caring person. Use of programme related to identity.</i></p> <p><i>Another example of a storyline about 'not understanding' leading to deleterious effects. Expert knowledge needed, not enough just to make an effort.</i></p> <p><i>Mental distress as hidden, personal belief used to reinforce use of programme for awareness.</i></p> <p><i>Educative value of soaps positioned as force for</i></p>
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	<p>think the difference in mental health like you say, you can't always see it. Somebody loses a limb, you see it; somebody who's suffering in the head, you don't always see it.</p> <p>13 Actually, I think it's educational because I think that whereas people years ago I don't think they understood it; I think people understand more now, I mean I know perhaps you know somebody might "ooh" and you'll always get the odd ignorant person but I think, no I think we've come a long way</p> <p>14 Maybe you might even see them doing something that might help you in your own recovery. I haven't found anything yet but, you know, I mean some people might, might think: oh, that obviously helped her. They don't do enough of that, I must admit, personally I don't think. But then, you know, that... they're just soaps; they're not educational or whatever. But it would just be nice if you had a bit</p> <p>16 Participant I think so, yeah, because as well as obviously Jean ((?)) having it, and then Stacey developing it, it also helped, I feel, a lot of parents, 'Well, if my child has this symptom, or ((?)) this could actually be a sign of mental illness,' and therefore they can look out for it.</p> <p>Interviewer Okay. And it might be an obvious question, but what would be the benefit of people being able to do that, of parents being able to do that?</p> <p>Participant Getting help for the kids earlier, a lot earlier, rather than getting to a point where the kids</p>	<p><i>positive social change.</i></p> <p><i>Possibility of people experiencing mental distress being helped. Failure to do this excused by participant through genre expectation of not being primarily educational</i></p> <p><i>Information leading to early help, noticing difference. Example of children quite emotive.</i></p> <p><i>Empirical use of 'classic symptoms' – an assumed reality that soaps can uncover. Informative value specific to genre. Idea</i></p>
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		<p>just can't be helped.</p> <p>16 I would say they're a pretty good point of information. Obviously, as I said before, you might have the classic symptoms of mental health, or someone you know might have them, but you either don't recognise them or don't want to acknowledge them, but if they're shown on screen, then it's kind of bang, it's like you have to acknowledge it, and so do the people around you. So they can relate to that, think, oh well, do you know, this person has this. They'll know that it's not just made up and that it does actually need help.</p> <p>17 I think they do a good job because they raise the issue, and they show, they also show, sometimes, how families will try to cover up, and are worried about getting help, and so they show some of the stigma that is attached. Have I, have I answered that bit?</p> <p>17 and I know that I have to work at keeping healthy, and not allowing myself to get to the level of depression that I had before. And so it's also, there's also a little bit of sort of saying, well, you know, that worked for them; I wonder if that would work for me?</p> <p>18 it's got more reach. I mean initially more people will see it. And also drama is a great way, and when handled effectively, it's a great way to get a message across. And it immediately gives people the opportunity to think about something they haven't necessarily thought about, so, you know, it's a fantastic way, it's a fantastic medium for, of, for putting a message across. But, again, you know, the</p>	<p><i>of person being naïve or in denial, being forced to accept truth.</i></p> <p><i>Empirical language, mental distress as something quantifiable that must be recognised. Individuals as uninformed/ requiring expert education to recognise.</i></p> <p><i>Enlightenment presented alternatively as necessary due to stigma and denial.</i></p> <p><i>Service user, watching for advice on coping and recovery</i></p> <p><i>Drama justified through getting a socially responsible message across.</i></p>
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		pressures of ratings and so on mean that it's not going to be as, it's not going to have that as, of, of a serious documentary, but it might, nevertheless, have the impact	
	Wanting to see what will happen next	<p>7 Interviewer: What would you like to see in a happy ending? What would you hope for when you were watching that?</p> <p>Participant: That they'd get help and support really, erm I'd say in the Newt storyline it was pretty frustrating because erm...it just, it didn't seem very realistic...erm...</p> <p>8 Participant Well, I think with the Doctors storyline, the fact that it... you know, they sort of made it quite creepy, you know, when things were going missing and... and when she was wearing her clothes and using her name. And it was just, "What is she going to do next?" You know? So that was quite good. And then of course once she'd been sectioned, watching her recovery. And you really wanted her to get well again. So you kept watching it, waiting for her to get better. And they kind of tempt you with little things. So it usually finishes on a... you know, quite a good part, where you're keen to watch the next episode to find out what happens.</p> <p>8 Participant Well I think because he's such a likeable character. You really want him to get well and you want things to work out. And you want people to know that he's self-harming so you are waiting for people to notice or to find out that that's happening. So along with other storylines that are running at the same time, obviously, you know, you want... you want somebody to catch him, or to notice.</p>	<p><i>Realism valued, also moral theme of getting help and support</i></p> <p><i>Presentation of mental distress as incomprehensible used by programme for jeopardy</i></p> <p><i>Other people required for recovery</i></p>

		<p>9 And I think, you know, her as a character is very, very good, very interesting. You would to watch all the time to see, you know, how she deals with it all</p> <p>9 But again it's kind of... it's more that attachment to the characters and you feel like you know them a lot more, that you kind of carry on watching it and want to make, you know, you just hope that they pull through it.</p> <p>11 Interviewer What was it about that story that kept you watching?</p> <p>Participant A lot of curiosity to know what happened in the end. And, on top of that, I think that the Stacey and Bradley characters were overall likeable characters, with flaws, but, overall, likeable; so it was a, kind of, almost sort of, rooting for them to come out ahead at the end of it, but wanting to know what happened out of the whole thing.</p> <p>11 Because part of the story was that she hadn't accepted yet that that was what was going on with, I think she supposedly had a niggling idea, because of her mum, that she might be going the same way, as it were, but, at that point, but she hadn't really accepted that was actually what was happening, and I presumed, at some point, she would accept it, and she'd go onto medication and then be able to control it much more.</p> <p>11 I certainly didn't want her, as a character, to end up badly out of all of it, because, as I say, I personally quite liked her character, so I guess as part of it, was,</p>	<p><i>Attachment to characters builds jeopardy of recovery</i></p> <p><i>Medication assumed by viewer. Acceptance of 'illness' pre-requisit for recovery</i></p>
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		<p>yeah, hopefully a good outcome for her overall.</p> <p>12 You knew, I knew it was going to end badly. You know, there was a sense of like there's no way he's going to get away with this and keep having this kind of normal, a facade of a kind of happy family life. So yes, you knew it was going to end badly, and I don't know, maybe it's like a sort of - you know it's not real, maybe it's there's some kind of weird thing that you like watching someone else's downfall, because you know it's not real and because it's ... I don't know, it is inevitable.</p> <p>12 I think because it was unpredictable. Like overall it was predictable, like you knew what was going to happen eventually. But you know there was a kind of towards the end of it they'd have episodes where he wasn't really in the episode but you kind of see him sat in a car watching. So it was this idea, you know, sitting in the dark with a hat on and beard just kind of watching everything. And you didn't really know when he was going to strike</p> <p>14 I thought well this, you know, this could have a good ending; let's hope that she'll have a good end in that she's going to... stay on her medication and get... You know, there's no reason why she couldn't. And I find with that, and that was nice to see that she did get away from it and ended up with her baby and a new life, sort of thing.</p> <p>17 you saw how things progress, and how she started off, how, how she started off with one or two little problems and how it built. And so it, it's a little, you</p>	<p><i>Detachment from reality by stating knowledge of produced nature of programme.</i></p> <p><i>Use of character for jeopardy. Also signified by unkempt appearance.</i></p> <p><i>Medication presented as heroic, jeopardy built by uncertainty over characters compliance</i></p>
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		were fed little titbits, which then, they sort of, they're just little bits and you'd think, oh, I wonder what's happened now?	